Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE II.
ON RICKETS.

HAVING spoken of the causes of congenital and non-congenital deformities, I will proceed to consider in detail the various affections to which allusion has already been made; and I will commence with the subject of Rickets.

Rickets is essentially a disease of infancy. It occurs not uncommonly at birth; but it is observed especially during the first and second years of life. This disease was not described until the middle of the seventeenth century, when David Whistler selected the subject for his inaugural thesis, in 1645; and Glisson, in 1651, made of it an elaborate study. At that time, as now, the affection was known by the name of rickets. It is probable that this term was formed either from the ancient French word *riquet* or from the German *rücken*.

Rickets is developed as a consequence of mal-nutrition. Hence it is that the disease is seldom seen whilst the child is being suckled at its mother's breast—that is to say, whilst it is kept warm and is well and sufficiently fed; but as soon as the food is insufficient or unsuitable, and the child is exposed to cold, then assimilation of food becomes imperfect, diarrhœa is frequent, the abdomen becomes tumid and night-sweats are observed, the child becomes weak and irritable, the muscles lose their consistence, and the skin acquires unusual sensitiveness. Then also commence to be seen swellings of the extremities of the long bones and those further changes in the various textures of the body combined with deformities of the skeleton which together constitute rickets. Thus, rickets is comparatively rarely developed until about the sixth month of infantile life. From this time until the end of the second year more especially, those changes commence to take place through which are produced the deformities to which I shall ask your attention.

Rickets is a general disease in which every tissue is more or less involved; but the osseous system is more affected, or appears to be more affected, than any other tissue, in consequence of the deformities which are produced through the softening of the bones. Dr. Little has well expressed it thus:—"Rachitis is not solely a disease of the osseous system, but its effects are in this part more obvious, and therefore have been longer noticed. My own opinion is," continues Dr. Little, "that every tissue of the frame is involved in the loss of tone and firmness—the bones, ligaments, the involuntary and voluntary muscles and their appendages, the membranes, and the glandular organs."* And Sir Wm. Jenner, in his admirable lectures, says: "In some books rickets is classed among diseases of the bones. This is a mistake. Rickets is no more a disease of the bones than is typhoid fever or disease of the intestines."†

Again, Sir William Jenner says: "Rickets being a general disease, the bones are affected as one organ, just as the arterial system is in the degeneration of age; the consequence of this is that no one bone is ever affected without all suffering, and that whether the disease manifest itself chiefly by enlargement of the ends of the bones, or by softening of the bones, or by both in a proportionate degree." However well this opinion may satisfy the pathologist, it must be admitted that certain portions of the bony system appear to be affected sooner, and others later. Thus, the enlargement of the wrist, which is always observed in rickets, is visible before any other affection of the bones is apparent. Disease, having commenced, will doubtless proceed to involve every tissue of the frame, if the conditions remain unfavourable to nutrition; but it is well known that disease may be arrested, and that no further result shall appear than this swelling of the carpal extremity of the radius. Such being the case, it can scarcely be said that the bones are affected as one organ.

This swelling of the epiphyses of the radius and ulna may be considered to be characteristic of rickets. The malleoli and the knees also become swollen, though not so constantly as the wrist. I have never seen a case of rickets, however slight, in which the carpal extremity of the radius was not swollen. The bones throughout the skeleton become painful, and some of them are curved. Deformity takes place usually in the following order—namely, the tibia and fibula, the femur, the thorax, the clavicle, the spine, the radius and ulna, the humerus, the pelvis, and lastly the head and face. Guérin supposed that rickety deformity advances from below upwards; that the leg bones and the tarsal bones first show symptoms of disease, then the thigh bones, and afterwards the pelvis and the spine; that, indeed, a rickety spine involves rickety deformity of the pelvis, thigh, leg, and tarsal bones.

As a rule, doubtless, the leg and thigh bones become curved sooner than the arm bones, in consequence of the weight of the body being thrown on to them, whilst the arm bones are free. But this depends on the mode of progression. In the commencement of the disease the child may perhaps walk; he will then bend the tibia and fibula, and should he continue to walk, probably also the femur will yield. Then is produced what is termed genu extrorsum. But the disease may be developed before the child has begun to walk, which indeed is exceedingly common. Then he will push himself along, while sitting, with one or other foot; and in this way will bend the tibia more or less sharply above the malleolus, and perhaps the radius and ulna above the wrist. Lately I showed you a child in whom one humerus and both femurs were much curved, while the leg and arm bones remained straight. It was sufficient to see this child move about the floor to understand how this deformity was produced: the child never walked, and never had walked, but crawled about the room on its knees and supported itself on the left elbow. Hence it was that the femurs and the left humerus were the only bones which were curved. And thus it is that the leg and thigh bones are seen to be curved more frequently than other parts of the skeleton—because they have to bear the weight of the body. It frequently happens that after the leg and thigh bones have become somewhat curved they also become painful. Partly from this cause, and also from a sense of weakness, the child refuses to walk, and crawls about upon his knees and elbows or hands, and thus produces curves of the arms and forearms in addition to those of the lower extremities, as has been already explained.

The short bones become thickened in this affection, and, among others, the tarsal bones; the ligaments also are softened, and allow the arch of the foot to drop. Thus the weight is transmitted especially to the inner edge of the foot. And for the same reason, the internal lateral ligament of the knee-joint has to bear a very unusual amount of downward pressure, and it in consequence yields. A very common affection, knock-knee, is thus produced.

In rickets the entire organism is more or less affected: growth is arrested and development is impeded. But it is more especially with the bony structures that we are at present concerned, and in these the most striking lesions are the enlargements of the epiphyses of the long bones, the thickening of the flat and the short bones, the softening and painful condition of the affected bones, and the deformities which result from mechanical causes.

Among the pathological changes which take place in the course of this affection are increased development of the spongy tissue of the epiphyses and of that portion of the cartilage in which calcareous matter is first deposited. Also the periosteum becomes thickened and vascular throughout the entire length of the bone, and especially at the extremities of the long bones—at the junction, namely, of the cartilage with the bone. The medullary membrane becomes highly vascular, and sanguinolent fluid occupies the medullary canal, the cancelli, and especially the epiphyses. The cells become distended, and are at length broken down, and the medullary cavities become chambers filled with bloody, pulpy matter, which will flow on cutting into the bone. The bones themselves become soft through diminution of their earthy salts, so that they readily bend, or even they may be cut with a knife. The salts of lime are taken up from originally well-constituted bones, and pass out of the system, especially in the urine. The bones, especially the shafts of the long bones, are rendered extremely sensitive, so that pressure cannot be borne. In some rare instances the progress of the disease is so rapid that all the bones may become softened in the course of some few weeks.

This is the condition of the bones, then, in rickets; and out

* Lectures on Deformities, p. 206. 1853.
† Medical Times and Gazette. 1860.

of this condition arise the deformities to which I have to ask your attention—namely, flat-foot, bow-leg, and knock-knee, as well as curvatures of the arm, forearm, and spine. But it must not be supposed that every case of flat-foot, bow-leg, and knock-knee results from rickets; for similar forms of deformity are produced by general and local weakness and inability to sustain the weight of the body. In these, however, the characteristic mark of rickets—swelling of the epiphyses of the long bones—is absent.

When a bone is curved, it is so in consequence of its softened condition: it yields to the superincumbent weight. Thus the tibia and fibula become curved outward. This curve is an exaggeration of the normal curve as it is found in the young child. All rachitic children are long in learning to walk, and instead of walking they push themselves along the floor in various ways, and thus each determines the form of curve peculiar to itself. For instance, one will use the outer side of the foot and leg, and curve the leg bones sharply above the outer malleolus; another moves about upon the knees, and curves the femur outwards; whilst again another will rest on the elbow and work itself along with the hand, and thus bend the humerus, and also the radius and ulna immediately above the wrist. These curves of the lower limbs are always considerably increased when the child stands. Then is produced, in addition perhaps to curvature of the femur, outward curvature of the tibia—genu extrorsum. Together with this weakness of the bones there is commonly associated corresponding weakness of the ligaments. The internal lateral ligament of the knee-joint yields, and the knee is inclined inwards—genu valgum, or knock-knee. Thus there will be found knock-knee on one side, and bow-leg, or genu extrorsum, on the other; or, on the other hand, the same kind of deformity may be developed in both extremities; and this is indeed generally the case, while the former is the exception. The leg bones are somewhat similarly bent in each limb; or the thigh bones are bent; or the thigh bones and leg bones are together bent; or the knees are bent inwards.

When knock-knee exists, the weight of the body is transmitted more and more towards the inner edge of the foot, so that at length the ligaments in the sole of the foot yield, and the arch of the foot sinks, until little or no arch remains. But it is, also, very common to find that in weak or rickety children the arch of the foot yields first and the knee later. The scaphoid and the cuneiform bones sink so as to lie upon the ground, and the consequent pressure of the soft structures in walking is painful, and causes an awkward and peculiar gait; the elasticity of the foot is destroyed, and its movements become much restricted; the abductors of the foot become retracted, and the foot is everted. Soon the ligaments of the ankle-joint yield, and there is often a greater sense of weakness about the ankle-joint even than in the foot itself. Now, also, the internal lateral ligament of the knee begins to yield, and the knee becomes inclined inwards somewhat in proportion to the deformity which has been produced in the corresponding foot; thus one knee may be more inverted than the other. But when this happens the pelvis becomes oblique, and curvature of the spine necessarily follows.

The *treatment* of rickets consists in the employment of all such measures as conduce to the restoration of health—namely, warm clothing, such as flannel next to the skin and enveloping the trunk and extremities; a diet composed mainly of animal substances, and a dry and pure air. To these may be added, tepid bathing, as well as cod-liver oil and one or other of the various preparations of iron. Constipation and diarrhœa, which are so frequently present in this affection, are to be met, not by the exhibition of drugs, but by a careful regimen. It is rare, indeed, that strict attention to diet will not, at least in the commencement of rickets, be sufficient in itself to regulate the secretions, and restore a state of healthy nutrition; but should it not be sufficient to effect this purpose, then recourse may be had to the nitro-muriatic acid bath, which, when used occasionally, and as it may seem to be required, is of great value in these affections. We are mainly indebted to Sir Ranald Martin for the introduction of this remedy into this country, and I bear willing testimony to its excellence and vast superiority to purgatives and alteratives and the preparations of mercury with which these conditions essential to rickets are yet treated by some.

The *surgical treatment* of the deformities which are above described—namely, curvatures of the tibia and femur, and knock-knee—may be explained in very few words. It consists of the application of splints or supports to the bent limbs. These are placed on the inner side of the curve, and pressure, by means of webbing bands, is thus readily applied to the outer side of the curve. In genu extrorsum, or outward inclination of the knee, the femur is curved outwardly as well as the tibia. In this deformity, therefore, the support should reach on the inner side of the curve to within two inches of the pubic bone. It should be made of metal, and as light as is compatible with the requisite strength, with a joint to correspond to the knee-joint, and its lower end should be inserted into a socket, which is let into the sole of the boot. Where the bones of the leg alone are curved the support should reach from the inner condyle of the femur to be let into the sole of the boot, as in the case before-mentioned. In both cases a pad should be so placed as to correspond to the internal malleolus, so that pressure may not cause injury to the integument. It is easy in this manner to remove this outward curve of the leg-bones. But together with an outward curve there is not unfrequently found a forward curve also, and it is much more difficult to remove this anterior curve than it was to act on the outward curve. This anterior curve should be treated by means of a well-padded splint, and pressure should be made gradually, and increased very slowly; for in this position, the bone being sharp, and lying immediately beneath the skin, pressure would readily cause a slough. To act on such a curve efficiently, pressure should be exerted only in the horizontal position, and the child should not be allowed to stand until the curve be removed. The same system is to be adopted in the application of splints to the humerus and the radius and ulna. In all these cases the apparatus should be provided with joints which correspond to the articulations of the limb, and which allow, consequently, of motion at the same time that such pressure as is necessary is applied to the curved bone. It is, of course, to be understood that this treatment, when applied to rickety bones, is to be used before Nature's cure is effected; for as diarrhœa ceases together with night-sweats, and the functions of digestion are performed in a more healthy manner than heretofore, the epiphyses begin to diminish in size, and the salts of lime then are again deposited in the bones, so that they not only acquire their normal strength, but become endowed with much greater solidity and consistence than in their normal condition. The phosphate of lime then is deposited in abundance, especially on the inner side of the curve, and this deposition greatly increases the weight and strength of the bone. This is the cure which Nature performs. When this has been effected, the curves which existed remain unalterable. These observations apply, however, alone to rickety bones, and not to those curves which are induced in the long bones as a result of debility.

Genu valgum, or knock-knee, requires support on the outer side of the limb. This support is, perhaps, best given by means of a metal stem, which is fitted above into a band which encircles the pelvis, and below into the sole of the boot; joints correspond to the articulations of the limb, and one or more bands support the knee. In severe cases it is advantageous to attach a cogwheel to such an instrument, that the direction of the stem may be altered as the limb yields. In cases where such an apparatus is necessary, the child should be kept in the horizontal posture during almost the whole day. Exercise may be allowed; but it should be used sparingly. In a severe case in the adult—such a case as that of James S——, in Fitzwilliam ward—it is necessary to divide the outer hamstring. In this instance, and it is, perhaps, one of the most severe cases that you will ever see, the outer hamstring in each leg was divided; the patient was confined to bed during four months, and with the use of instruments his limbs were then brought into a normally straight condition. Before he left the hospital he walked well. The cogwheel at the knee was subsequently removed, and a free joint was substituted for it; and, wearing such supports, the patient need not fear any recurrence of deformity.

The mode of division of the biceps tendon is as follows:—The patient, lying on his face, will endeavour slightly to bend the knee, which will cause the muscle to spring into action, and make the tendon tense. The tenotome will then be introduced beneath the tendon from the centre towards the outer side of the limb, and, being guided close to the tendon, it will pass between it and the peroneal nerve. The edge of the knife will then be directed upwards towards the tendon. So soon as the tendon is divided, the peroneal nerve becomes prominent, and a turn may even doubt whether the tendon has really been divided. If care has been taken to pass the knife fairly and fully beneath the biceps tendon, on using a cutting motion the tendon will certainly be divided, and the knife may be felt covered only by the integument. The knife should then be withdrawn, and on no account should it be reintroduced. The temptation has sometimes been felt to be so strong that the

knife has been reintroduced, and the nerve divided. Paralysis has, of course, followed. The puncture should be carefully closed, and the limb bandaged; and in the course of three or four days, when the wound has healed, extension may commence.

ON REMOVAL OF THE ENTIRE TONGUE.

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LITTLE more than twenty years have elapsed since a surgeon so bold and skilful as Mr. Liston spoke and wrote of ovariotomists as "belly-rippers," who deserved to be criminally indicted whenever they again attempted the operation of ovarian extraction; which he regarded as a hopeless, nay barbarous, procedure. On the experience of several hundred cases, ovariotomy is now established as one of the most legitimate operations of surgery.

Removal of the entire tongue for cancer has been frequently attempted, and several times accomplished; but the result has been so generally unfortunate, that Mr. Gross can scarcely be said to have exaggerated the verdict of judicious surgeons when he concluded a brief survey of methods for the removal of the tongue with these words:—"I have certainly not alluded to this operation with a view of recommending its adoption; on the contrary, it cannot be too strongly condemned. If there is any operation in surgery that deserves to be stigmatised as cruel and unnecessary, it is this."*

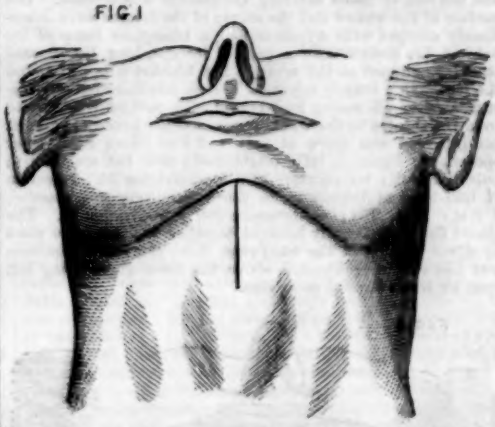
With this opinion before me, supported as it was by such experience as Mr. Syme's, I did not, as I do not still, accept as conclusive the evidence on which the great majority of surgeons condemn removal of the entire tongue as an unjustifiable operation; I deem their reasons insufficient, since the researches on which they are based, pathologically and bibliographically, are scanty, superficial, and inadequate. As a rule, matters are little studied which do not offer a prospect of speedy profitable return. When ovariotomists were, in the graphic language of Mr. Liston, styled "belly-rippers," the anatomy, diagnosis, and clinical history of ovarian disease were little studied; for the prospect had no allurements.

Without further introduction, I shall condense from the copious notes of our resident surgeon, my friend Dr. Robert Jolly, the history of a case in which I lately removed the tongue—with no better result, I hasten to avow, than most of my predecessors; but, I hope the event may prove, with this difference: that the case will become the starting point and basis of an inquiry which may, at no distant date, result in a definitive settlement, after comprehensive inquiry, of the merits and demerits of the different methods for removing the tongue, wholly or in part.

History of case.—Henry S——, aged fifty-two, a labourer, was admitted into the Queen's Hospital, from Stratford-on-Avon, on the 25th of August last. The patient, a spare-built but florid-looking man, was married, and the father of seven living children. He had always enjoyed excellent health up to twelve months last past, when he began to experience shooting pains in the ear and down the neck. Shortly afterwards his tongue became sore, and on examining it he found a small, well-defined, roundish lump, with ulcerated surface, on the left side of the tongue. It has continued to extend ever since, and has occasioned great pain and difficulty in swallowing. About three months after its first appearance he applied to a medical man, who extracted two sound teeth in the lower jaw because they hurt the tongue. Five months later (four months before admission) the disease began to spread with considerable rapidity, and bled very much. When first seen by me, the patient had a deep excavated ulcer, of oval shape, involving the anterior two-thirds of the left side of the tongue. The edges of the ulcer were thick, raised, everted, and irregularly notched; its floor was foul, and studded with pea-shaped, tuberous granulations, discharging a thin, ichorous fluid. There was great fetor of breath, and profuse salivation. No implication of structures at the floor of the mouth, or apparently of neighbouring glands. General health much impaired, in consequence of inability to take solid food.

A great variety of means were employed with a view to improve the general health and the character of the ulcer, but as they all failed, I operated on the 3rd of October. The patient, having been previously shaved, was placed upon a table, and rendered completely insensible with chloroform administered by Mr. Snow and Dr. James Hinds. The shoulders being raised and the head thrown well back, standing on the right side of the patient, I made a semilunar incision along the base of the lower jaw, commencing at the symphysis, and extending it outwards on either side to a point just anterior to the facial artery. A second incision was carried vertically downwards from the centre of the jaw to the hyoid bone, at right angles to the first. (Fig. 1.) The triangular flaps thus marked out

FIG. 1



(consisting of skin, areolar tissue, and the anterior fibres of the platysma myoides) were dissected down. (Fig. 2.) A

FIG. 2

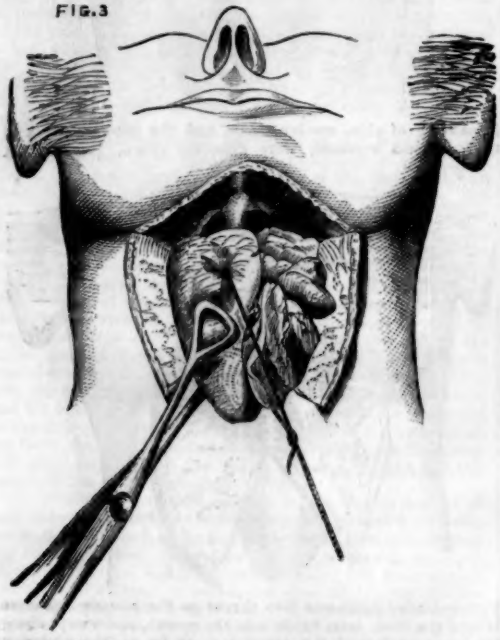
narrow-bladed knife was then thrust in the mesian line close behind the bone, from below into the mouth, and swept along the inner surface of the lower jaw, as far as the posterior limits of the first incision, to divide the attachments of the muscles and the buccal membrane. An opening of sufficient extent being thus effected into the floor of the mouth, the tongue was drawn down upon the anterior part of the neck, and secured by my friend and colleague, Mr. J. F. West, as shown in Fig. 3.* The tongue being raised, I thrust a narrow-bladed knife through the raphé from below, just in front of the hyoid bone, into the mouth. Withdrawing the blade, I passed one by one two écraseurs through the wound, fixing one on the right half of the tongue, the other on the left, just in front of the anterior pillars of the fauces; the left one was tightened clearly, though only a couple of lines, behind the posterior limits of the disease. My colleagues, Mr. Furneaux

* A System of Surgery: by Samuel D. Gross. Philadelphia, 1859. Vol. ii., p. 632.

* I am indebted for these illustrations to one of our students, Mr. Priestley Smith, who has altered them with advantage from the originals in the memoir of Professor Regnoli, which they followed closely in the operation: "Nuovo Metodo per Estirpazione del a Lingua, immaginato ed eseguito dal Professor Giorgio Regnoli, ed esposto dal Dottor Andrea Rauzi." Pisa: Tipografia Pieraccini. 1838. 4to, pp. 16.

Jordan and Mr. J. St. S. Wilders, took respective charge of the left and right écraseurs, tightening each alternately, at intervals varying from half a minute to a minute. Though the process of division was slow, no sooner did the écraseurs become detached than a large quantity of blood welled out of the wound, and the patient became very pale. I introduced my thumbs into the fauces, bringing forward the mucous membrane and grasping it together with the flaps which had been dissected down from the submental region. I thus attained two objects: compressing the bleeding surfaces and bringing the tongue well forward; the flapping epiglottis was in full view, and the risk of blood entering the trachea was averted. The surface of the wound and the stump of the tongue were immediately mopped with styptic colloid, a triangular lump of ice held in the mouth with a pair of forceps, long hot flannel stockings slipped on the arms, a hot blanket wrapped round the legs, and a brandy injection at once administered per rectum. After all oozing had ceased, the patient was carried from the theatre to the ward, where another brandy and beef-tea injection was given at once.—3 P.M. (three hours after operation): Reaction fully established; skin hot and moist; pulse 120, full; temperature 102½°; respiration 36. Injection of beef-tea and brandy to be continued every two hours.—7 P.M.: Pulse 134; temperature 104°; respiration 28. The glazed flaps were gently brought together and made to meet by silver sutures in the transverse line; the vertical incision was likewise approximated above, the lower angle being left open for free escape of secretions.

FIG. 3



Oct. 4th.—9 A.M.: Passed a comfortable night; slept at intervals; no bleeding. Pulse 104; temperature 100⅜°; respiration 32. Injections to be continued every fourth hour.—10 P.M.: Hæmorrhage rapid and profuse from the mouth. The quantity lost must have been considerable, for not only was the pillow saturated with blood, but a good deal was spilt on the floor. Dr. Jolly staunched the flow by steady pressure on both carotids for about two minutes, which produced instant syncope. A short time after a warm water and brandy injection the circulation became more developed, and there was no recurrence of the bleeding.

5th.—Free from pain; wound looks well, and is for the most part healed. Thirst relieved by moistening his lips with ice; drank a cup of milk this morning. Pulse 110; temperature 101⅘°; respiration 28.

6th.—Had an opiate last evening; nevertheless the night has been somewhat restless. Pulse 124; temperature 102⅘°; respiration 24. Injections discontinued. The patient takes a cupful and a half of milk every four hours. To correct fetor of breath the following gargle was ordered (and to be kept iced): Chlorate of potash, one drachm and a half; borax and honey, one ounce; rose water, two ounces; to eight ounces of water.

7th.—Wound looks perfectly healed, except at lower angle of vertical incision, where the secretions from the mouth escape. Pulse 118; temperature 100¼°; respiration 32. Altogether the patient is going on most favourably. To have two or three eggs daily, to be beaten up with milk, which is taken freely.

8th.—Was frequently disturbed during the night by cough, which was relieved by mustard plasters to the chest. At times the man wanders, but speaks collectedly when aroused. Pulse 116; temperature 100¼°; respiration 28. Takes milk, arrowroot, and calf's-foot jelly freely.

9th.—Passed a restless night. Face flushed; expression of countenance anxious. Wound has opened up again along the base of the jaw; stitches removed, and strapping applied. There is a considerable swelling below and behind the angle of the jaw on the left side. Pulse 128; temperature 101¼°; respiration 24.

10th.—Was restless during the night, and the stomach became exceedingly irritable, even to frequent vomiting. Ordered a draught, containing two drops of hydrocyanic acid, in a little mint water, which remained on the stomach; in an hour afterwards also to take some warm brandy-and-water. Feels very low. Pulse 128, soft and feeble; temperature 101°; respiration 30.

11th.—Worse: debility increasing; features sunken; pulse 138, scarcely perceptible. Temperature 100½°; respiration 38.

12th.—The patient gradually sank, and died at 2 A.M. this morning.

Examination of the tongue.—As I had the pleasure of seeing Mr. T. H. Bartleet at the operation, I directed the tongue to be sent to him for examination. From the note with which he subsequently favoured me I take these facts: that, on looking down on to the dorsum of the tongue, the right side appeared perfectly healthy; while the left side presented a foul excavated sore, reaching posteriorly to within one-eighth of an inch of the line of incision, on the under surface to within two lines of the raphé, on the upper surface to within three lines of the middle line. The disease extends nearly to the tip. The left side of the tongue is greatly thickened, being an inch and a half in depth, while the healthy side is barely three quarters of an inch. Nearly the whole surface of the left half of the tongue consists of an ulcer, with the edges sinuous and undermined, foul, and sloughy. The diseased part was horny on section. On cutting horizontally through the tongue, tubercular nodules were seen extending from the deeper parts of the ulcer towards the median line, and apparently resting in healthy tissue. These nodules were firm, and of a yellowish-grey colour. On microscopic examination of the juice obtained from a surface of the section, it was found to contain nucleated cells of the size of blood-cells, and free nuclei; also large epithelial cells of various shapes, with two or three nuclei each, some of the cells being spherical, others ovoid, fusiform, or polygonal. A thin section showed irregular nucleated cells, lying side by side, and held together by fine fibres. Some of the cells contained oil-globules, and appeared shrunken. There were no distinct broad cells filled with large nuclei, and no laminated corpuscles.

Autopsy, Oct. 15th.—Stump of tongue in a healthy state; but the soft parts forming the floor of the mouth were in a very sloughy and unhealthy condition. Corresponding to the swelling behind and under left angle of jaw was an indurated lymphatic gland, a section of which presented characteristic cancer cells. Thoracic and abdominal organs perfectly healthy. Lungs crepitant throughout, sections from both bases floating well on water.

The rapid enlargement of the gland beneath the jaw after the removal of the tongue was a striking fact. Though not noticed during life, the gland must have been slowly on the increase some time; and the malignant deposit with which it was infiltrated somewhat lessens regret at the poor man's speedy death, for he could not have survived the glandular disease many months. Such a complication militates against the operation, but, even if suspected, would not necessarily be a bar to it. Most surgeons have amputated limbs and removed other parts where the neighbouring lymphatic glands have been enlarged, but they have regained normal dimensions on the subtraction of the irritating cause. We can never be certain that such will be the case, but the risk must often be taken, in the absence of special indications to the contrary.

With the incisions for the submental aperture according to

Regnoli's directions I am quite satisfied, for they fulfil the great indication of giving plenty of room without involving considerable vessels or important structures; they permit of the safe administration of chloroform throughout the operation, bring into view the whole extent of disease, and place under command the possible sources of hæmorrhage. Prof. Regnoli ligatured the stump of the tongue in several portions before he excised, and his case made an excellent recovery; it was not until four years later that cancer returned in the tonsils and proved fatal. At the foot of my copy of Regnoli's pamphlet I find this note, made in Florence the 15th of April, 1852: "The author told me the day before yesterday that he has performed the operation six times; only one of the patients, an old woman, died after a few days. He does not know what became of the other four cases that survived."

With the écraseur I was not satisfied, and should not employ it again in a similar case. The bruising it inflicts is an evil only tolerable if the use of the instrument guarantees safety from hæmorrhage. The patient lost a good deal of blood during the operation, and would have died from secondary hæmorrhage the next day but for Dr. Jolly's prompt compression of the carotids. The écraseurs were certainly not tightened quite so slowly as M. Chassaignac directs; but Foucher has recorded a case* of partial removal of the tongue by two écraseurs worked at intervals of one minute, so that fifty minutes were required to effect the section; nevertheless, hæmorrhage was so profuse as to necessitate ligature of the external carotid.

The merit of the operative method followed in this case, and of that which Professor Syme, Mr. Fiddes, and Dr. George Buchanan† have practised, after the examples of Maisonneuve,‡ Huguier,§ Sédillot,‖ and Rizzoli,¶ is a question for experimental solution. These surgeons have all divided the soft parts in the middle line through the lip to the hyoid bone, commanding the tongue by sawing through the symphysis of the jaw. In order not to interfere with voluntary deglutition, Mr. Syme divided the hyoglossi, but kept intact the genio-hyoidei and the mylo-hyoidei—an economical provision very deserving of notice.

Notwithstanding Mr. Nunneley's successful case** of removal of the entire tongue by ligature passed from under the chin, and his advocacy of the écraseur introduced through a submental opening—a suggestion to which the cases of Arnott, Miranlt, and others give countenance,—I incline to the opinion that, if the entire tongue is to be excised at all, it must be brought into full view, so as to command efficiently the limits of the disease and the sources of hæmorrhage. Cancer of the tongue is a disease so painful and fatal, the application of caustics and partial excisions offer so little promise, that the radical procedure merits further consideration with a view to judicial settlement of its propriety and plan. No cases remind one more than these do of the wise saying of the old Paris academicians: "L'opération n'est qu'un point dans l'exercise de la chirurgie." No cases stand in need of more precise pathological investigation, wider bibliographical research, and closer statistical scrutiny.

Birmingham, Nov. 1868.

A CASE OF SYMPATHETIC OPHTHALMIA CURED BY NEUROTOMY: A SUBSTITUTE FOR REMOVAL OF THE EYEBALL.

By J. Z. LAURENCE, M.B., F.R.C.S.,
SURGEON TO THE OPHTHALMIC HOSPITAL, SOUTHWARK, AND TO ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

SYMPATHETIC OPHTHALMIA is, undoubtedly, one of the most dangerous forms of ophthalmia, both from its insidious progress and its ultimate effect—blindness. It is, in nine cases out of ten, an inflammation of one eye succeeding traumatic destruction of the other. Its symptoms are of an asthenopic nature: intolerance of light, inability of using the eye for any length of time, watering and redness of the eye, and (what is pathologically of cardinal importance) *fine capillary injection and tenderness of the ciliary region*—"cyclitis" of German authors. After a time, a slow plastic form of iritis sets in, ending in occlusion of the pupil, softening and atrophy of the globe—in a word, in blindness; and as the primarily injured eye is generally destitute of sight, the patient becomes totally blind.

Now it was found that but one, desperate, remedy existed to check the sympathetic ophthalmia—namely, removal of the primarily destroyed eyeball: an operation severe, bloody, and disfiguring to the patient—an operation only admissible from the known funestral consequences to the sympathetically affected eye if we allowed the injured one to remain.

After it was established that sympathetic ophthalmia consisted in propagated *cyclitis*, Dr. E. Meyer, of Paris, on a suggestion of Professor von Graefe, in three cases succeeded in curing the sympathetic ophthalmia by *dividing the ciliary nerves* of the primarily affected eye. He has been followed by Professor Secondi, of Genoa; and now I have the honour to lay before the profession a fifth successful case.

T. S——, aged twenty, was admitted into St. Bartholomew's Hospital, Chatham, under my care, on June 20th. Twelve years previously a piece of steel had struck his left eye. He had still perception of light; sclerotitis and cyclitis were present. By means of a probe, it was found that the most tender part of the ciliary region was situated downwards and outwards. The tension of the globe was normal. He complained of great intolerance of light in the uninjured eye—the right one; as soon as he fixed this upon any object pain and watering ensued, so that the eye was practically useless to him for any near occupation; but for distant objects his vision was found to be perfect (S=1). On the 22nd I made an incision of about half an inch along the tender part of the ciliary region of the primarily injured eye; a little vitreous escaped.

Aug. 3rd.—Left the hospital perfectly cured. He could now read for hours together with comfort with his left eye, and all traces of the trifling operation on his right eye were gone.

On October 24th a letter was received from the patient, stating that he could "read for five or six hours at a time without any pain whatever;" that he is engaged in "steel-turning, which is very trying to the eyes, but is happy to say it does not affect him but very little." The eyes do not water. He finds working by gas-light painful, but day-light does not affect the (right) eye in the least. He finds objects appear to him "closer than they really are."

Devonshire-street, Oct. 26th, 1868.

ON

THE VALUE OF QUININE IN DELIRIUM ASSOCIATED WITH RHEUMATIC PERICARDITIS.

By J. M. WINN, M.D.,
LATE RESIDENT PHYSICIAN OF SUSSEX HOUSE LUNATIC ASYLUM.

THERE is scarcely any disease which a medical man approaches with more anxiety than acute pericarditis, when it is accompanied with delirium. The instances of recovery are very few.

I do not adduce the following case as presenting any especial novelty in its features, but to show the great value of quinine, and to encourage a prompt and bold use of this remedy in cases of this kind.

A fortnight since I was summoned to see, in consultation, a young gentlemen, fifteen years of age, who had been delirious for three days, and had been attacked with symptoms of rheumatic fever about a week previously. On listening to the heart's action, I found loud and extensive friction sounds over its surface. The left wrist was slightly swollen and tender; the tongue red and smooth; bowels slightly confined; skin moist but not perspiring profusely. The patient had been taking bicarbonate of potash, and a blister had been recently applied to the region of the heart. I suggested two grains and a half of quinine every four hours, combined with mucilage, and twenty grains of bicarbonate of potash.

The effect of this treatment became rapidly evident; and on the eighth day after I first saw him, the friction sounds had entirely ceased, the patient was sitting up, and all the dangerous symptoms had disappeared.

Harley-street, Oct. 16, 1868.

* Quoted in THE LANCET, 1863, vol. i., p. 79.
† THE LANCET, 1860 to 1866.
‡ Gazette des Hôpitaux, 1862, p. 568.
§ Abeille Médicale, N. 31, Novembre 5, 1851.
‖ Traité de Médecine Opératoire, tome second, p. 35. Paris, 1858.
¶ Processo per la Demolizione della Lingua. Memoria del Professore Francesco Rizzoli. Bologna: Tipi di S. Tommaso d'Aquino, 1854.
** THE LANCET, vol. ii. 1861.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF ACUTE MUSCULAR ATROPHY.

(Under the care of Dr. J. RAMSKILL.)

So extensive a field is that which supplies the London Hospital with patients, that the wards of that institution usually contain a greater number of what are called "interesting cases" than is to be found in any other hospital. In two recent visits we accompanied Dr. Ramskill in his rounds, and noted down far more cases worth recording than we can find space for. We propose, however, to refer to a few of these, of necessity very briefly, on the present and future occasions. The case immediately noted is a very curious one, and is well worth a visit by those interested in the question of "wasting palsy." The man lies in bed, very helpless and emaciated. His feet are "dropped"—i.e., they are not upheld by the flexor muscles, and so are his hands, though the right has considerably improved in this respect since his admission. His pulse and temperature are constantly high. Examining him for ourselves, we confess to having formed the impression that his symptoms were due to starvation (caused by chronic dysentery) in a syphilitic patient; and that there was not sufficient evidence to justify the case being considered as one of that class to which the name of "wasting palsy" is applied. But Dr. Ramskill pointed out to us (what is certainly a very important feature in the case), that the great wasting appears to have been singularly acute. It took place in two or three weeks; and it is thought by Dr. Ramskill that it affects the extensor group of muscles in both extremities in a greater degree than other parts of the body. On the other hand, there is no marked "main en griffe" which is so often noted in wasting palsy. We append a few memoranda of his case.

James H——, aged thirty-four, ship steward, was admitted on June 16th, 1868, with general muscular atrophy, which was especially marked in the extremities. He could not stand, and could only move his legs with great difficulty and pain in the knee-joints and ankles. He could just lift his arms off the bedclothes, but his hands and fingers were perfectly helpless, and his wrists were dropped. There was so much wasting that his appearance was skeleton-like. This was briefly his history:—On his way home from Calcutta about three years ago he had a bad ulcerated sore-throat, which affected him on and off for two months. (Denies ever having had any venereal disorder.) At this time, too, he was attacked with dysentery, from which he has continued to suffer. In Nov. 1866 he sailed from London to Madras in very fair health, but after six weeks his dysentery returned and went on for three weeks, during which time he became very weak. Does not think his gums were swollen or sore. He had been living well, and had eaten potatoes daily, which he continued to do through out the voyage, so that he evidently did not suffer from scurvy. When the dysentery got better his feet swelled. He lay up ten days, and then got about, but his arms became very weak. This went on, and on landing at Madras he went into hospital for eleven months, and came out improved, but still invalided. He at that time had dysentery and what he calls chronic rheumatism. Went on board and worked for ten days. Then his feet swelled and he went into sick berth, remaining there till he arrived in England in June last. During the last month on board ship he wasted rapidly in the arms and legs. In about a fortnight he lost the use of his hands and feet.

For a twelvemonth before admission he had suffered from a skin eruption, apparently syphilitic. After leaving Madras Hospital he lost the sight of his left eye for a time, regaining it partially afterwards. Left pupil is smaller than the right. He has probably had iritis. There is a scaly rash on the face and legs; the body covered with a papular eruption; bowels still affected with dysenteric diarrhœa.

On July 2nd, it was noticed that in the thighs and forearms a strong magneto-electric current was feebly felt, or not at all, and electro-motility was absent.

Oct. 28th.—He says that on the whole he is a great deal better than on admission. He has more strength in his arms, but the feet remain as before. The flexors of the feet (extensors of toes) are quite useless. He cannot stand or help himself.

He has been faradised daily in arms and legs, and sensation has greatly improved in the extremities, but not much in the feet.

ST. GEORGE'S HOSPITAL.

THE USE OF CARBOLIC ACID.

CARBOLIC ACID, sometimes in exact accordance with Professor Lister's method, as described in THE LANCET of Sept. 21, 1867, and sometimes with modifications at the fancy of the surgeon, has now been pretty extensively tried in the various hospitals. It is probably as yet too soon for a very decided opinion to be pronounced upon its merits, but there has been sufficient time for a fair idea to be gathered of the class of cases in which its application is found either to be attended with manifest advantage, or to be apparently inert. We are making inquiries upon this point at the various hospitals, and the results we propose to record briefly.

At St. George's, Mr. Rouse tells us he finds the proportion of one part to forty of water too strong as an application for chronic ulceration of the legs. It appears to inflame the neighbouring skin. He now orders a lotion composed of two drachms of carbolic acid to one pint of lead lotion, which he finds very useful. All odour is destroyed, the ulcer is stimulated to healing, and the skin does not suffer any irritation; on the contrary, it is rather soothed. The application surpasses the old unguentum viride, which St. George's men will remember as of great renown. Mr. Rouse has occasionally sponged the wound, in the operating theatre, before applying sutures, but not having found any advantage arise from it, he has discontinued the practice. He was much struck with the results in one case of compound fracture of the leg which was treated by Lister's method. The patient died four days after the accident of disease of the heart, but the wound being examined was found to be nearly healed.

As a lotion in chronic eczema, especially of gouty character, he finds the following very useful:—A drachm of carbolic acid with two drachms of lead lotion, one ounce of glycerine, and eight ounces of water. This stops smarting and itching in a remarkable degree. It should not be used where there is much inflammation.

Mr. Holderness, house-surgeon at this hospital, has given us a few statistics of his experience of carbolic acid, especially in the out-patient department. Of 26 cases of various lacerations and cuts, 7 united by the first intention; but these were all clean cuts. In no case of laceration was there primary union. They were all treated according to Mr. Lister's directions. In 2 cases of compound fracture of the tibia, out of 4 thus treated, he found the wound healed on examination. In one the dressings were removed on the 19th, in the other on the 21st day, and both patients quitted the hospital within a month.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

EPILEPSY IN A CHILD AFFECTED WITH CONGENITAL SYPHILIS; GOOD EFFECTS OF TREATMENT.

(Under the care of Dr. RADCLIFFE.)

WE have seldom seen a case in which, on the one hand, the disastrous results of inherited syphilis were more marked, and, on the other, the influence of treatment was more satisfactory, than in a little girl who was recently a patient of Dr. Radcliffe's in this hospital.

The patient, Jessie P——, was a girl ten years old, of cachectic aspect, who applied on April 27th, 1868, and was ad-

mitted into the hospital. Her mental condition appeared to be very satisfactory. The account given to us by her mother was that she had suffered from fits for the past twelve months. The fits recurred about every two or three weeks. In the fit, without any warning, she lost her senses, bit her tongue, and was much convulsed, remaining lost and bewildered for several hours afterwards. During this state of mental confusion she would drink, but refused food, and did not appear to recognise anyone. She had not suffered from worms. She had cough, and the breathing was found to be harsh.

It was noted that her voice was very hoarse, and this had been the case, her mother said, for three months. An offensive odour which pervaded her directed attention to her mouth and nostrils, and it was found that there was ulceration of the palate and uvula, swollen nasal bones, and ozæna. There was extreme tenderness to touch over the clavicles and shoulder-blades, and on the left shin there was a periostitic node. From these symptoms a syphilitic taint was naturally inferred, and on reference to the teeth the upper middle incisors were found to present in a most marked form the characteristic appearances described by Mr. Hutchinson. They were wedge-shaped, the border being deeply notched.

Inquiry was made as to the family history, which was as follows:—The father was described as very nervous and excitable. The mother had, eleven years ago, had ulcerated throat and an eruption over the scalp. She had lost four children; two at two months old, one at eleven months, and one at three years. Three of these children were born since the present patient, and one previously. A brother of the patient has paralysis, which occurred after scarlatina.

The girl, on admission, was put by Dr. Radcliffe upon full diet, and ordered a teaspoonful of cod oil three times a day, two drachms of syrup of poppies every night, and mercurial fumigations three times a week. These latter were applied by placing the patient in a common bath, into which a little hot water was momentarily turned in order to fill it with steam. In the bath five grains of calomel were placed on a tin saucer, and volatilised by means of a spirit lamp. The girl was placed in the bath, which was covered entirely by a thick blanket, so that she not only received the volatilised mercury upon her skin, but also inhaled it. She would usually suffer from irritating cough for about an hour after the fumigation. These fumigations were continued for three months: three times a week for the first two months, and afterwards once a week. The syrup of poppies, ordered on account of her cough, was taken for a fortnight, and then discontinued, as the cough ceased.

On the 7th of May she took her dinner and tea as usual, was lively and seemingly improved in health, played in the airing-ground until 7 P.M., and then complained of sickness. At 8 P.M. she was seized with epileptiform convulsions. Mr. Radcliffe, the medical superintendent, who saw her soon afterwards, describes the convulsions as very severe, and mainly unilateral in character, the right side being most affected. Blood came from the left angle of the mouth. At 9.45 P.M. she was apparently moribund. A sinapism to the abdomen was ordered, and ten grains of bromide of potassium to be taken every four hours. At midnight she had rallied, and she then gradually recovered her usual condition. The bromide was continued twice daily until August, for the last six weeks of this time twenty grains being given instead of ten grains for a dose. The ulceration about the fauces was treated locally with Condy's fluid. Early in August the skin on the left side of the nasal bridge was observed to be red and swollen, and in a few days it had ulcerated quite through. At this time a drachm of the solution of bichloride of mercury and three grains of iodide of potassium was commenced to be given three times a day, and, in addition to her full diet, extra milk was ordered, and two ounces of rum daily. Under this treatment she improved rapidly. There was no recurrence of fits; and on Sept. 21st she was sent to Ramsgate. At that time the ulcerated opening in the bridge of the nose, and the ulcers about the fauces, had healed, and the girl's general condition was vastly improved.

She stayed at Ramsgate for a month. During that time she had one fit, which is described as of very severe character—indeed, it would seem that she was again moribund in appearance. On her return from Ramsgate she appeared in excellent health and condition. The tenderness about the clavicles, &c., the node, ulcerations in the fauces and nose, had all vanished, and her appearance generally offered the most striking contrast to that which she had presented on admission to the hospital six months previously.

It is noteworthy that, under specific treatment addressed to the cause of her malady, she had but two fits during six months, having, previously to admission, suffered from one every two or three weeks for a twelvemonth. She continues now under treatment as an out-patient.

BELGRAVE HOSPITAL FOR CHILDREN.

TWO CASES OF EXCISION OF THE HIP.

(Under the care of Mr. PICK.)

EXCISION of the hip is an operation respecting the value of which very considerable difference of opinion exists; but in the two following cases there can be little doubt that it was the proper course to pursue, inasmuch as the limb was entirely useless, and there was a progressive deterioration of the general health, and at the same time, as far as could be ascertained, an entire absence of all visceral mischief. Moreover, in consequence of the advanced state of the disease, there was little probability of a spontaneous cure taking place; and even if this were likely to ensue, the limb would have been a less useful one, on account of the dislocation, than was obtained by removing the head of the bone.

CASE 1.—Maude B——, aged eleven, was admitted on August 1st, 1867. The history was that she had always enjoyed good health until six years previous to admission, when, after an attack of scarlet fever, she began to develop all the usual symptoms of hip disease. The disease was, however, very chronic, and she continued under treatment, at intervals, until two years ago, when abscesses formed, which have continued to discharge. Since the formation of matter, her general health has gradually deteriorated. On admission she was found to be a strumous child, with fresh complexion and thin hair. Attempts to semiflex and rotate inwards the left thigh caused intense pain. There was about an inch and a half of shortening, and evidently displacement of the head of the bone, for it was found that the trochanter lay almost entirely above a line drawn from the anterior superior spine of the ilium to the lower border of the tuberosity of the ischium. Upon rotating the bones upon each other, under the influence of chloroform, distinct crepitus could be detected. In front of the joint, about the position of the insertion of the psoas muscle, were two sinuses, which led down to exposed and softened bone. There was no cough, and the chest-sounds were healthy.

On August 12th, the patient having been placed under the influence of chloroform, a single long incision was made just behind the great trochanter, and the head of the bone freed from its attachments with the point of the knife. In doing this a large abscess was opened, and a quantity of matter escaped. The bone was now divided by means of a saw just below the trochanter. The wound was brought together with a single suture, and the limb put up on a long interrupted splint. The head of the bone, on being examined, was found entirely separated from the shaft, and was the size of a marble, much softened and carious. The trochanter was also much diseased. The acetabulum was apparently healthy.

After the operation the girl went on well. On the sixth day the splint was removed, and the limb simply placed between two sand-bags, with a weight attached to the foot.

On Aug. 26th the wound was quite clean and healthy, and beginning to fill up rapidly from the bottom. One of the sinuses healed at the end of six weeks, and at the end of eight weeks there was some amount of union, and she was allowed to get up. Her recovery was somewhat retarded by a little piece of dead bone in the other sinus, which was, however, eventually got rid of. When she was discharged on Dec. 9th, there was about one inch of shortening, the limb was in good condition, and she could bear the weight of the body upon it.

She was seen on Sept. 4th, 1868, when she was found to have gained flesh and grown considerably. She could walk a couple of miles without any support. There was exactly one inch of shortening; there was firm union and perfect motion in every direction. The limb, which previously had been much wasted, was now nearly as plump and firm as the opposite one.

CASE 2.—Henry H——, aged five, was admitted March 19, 1868. His mother stated that two years ago he fell down while running, and from that time was noticed to constantly limp. He then complained of pain in his left knee; followed, in a few months, by pain in the hip and down the thigh. Fifteen months before admission an abscess formed; this was

opened, and had been discharging ever since. About the same time that matter formed, the right knee became "enlarged and stiff," and the leg flexed on the thigh; so that from that time he has been unable to walk at all.

On admission, he was found to be a scrofulous-looking boy, but fairly nourished. The left hip-joint presented the characteristic appearances of advanced morbus coxæ; the thigh was flexed on the pelvis, and fixed in that position; there was extreme wasting of the muscles of the buttock, and the head of the bone could be felt to be displaced and lying on the dorsum of the ilium. The thigh was shortened to the extent of an inch. On its outer side were two sinuses, running upwards in the direction of the joint, and leading down to carious bone. The ends of the tibia and femur on the right side were much enlarged. The knee was semiflexed, and anchylosed in this position. There was no cough, and the chest-sounds were natural. The urine was healthy, and contained no albumen.

On the 16th of April excision was performed in the ordinary manner by the longitudinal incision behind the trochanter. The head was found resting on the dorsum of the ilium, much diseased, the cartilages having vanished, and the bone being eroded and softened. The acetabulum was also much diseased, and a piece of bone, the size of a hazel-nut, was lying loose in the cavity. The limb was put up on an interrupted long splint.

The boy went on well after the operation, and the wound soon began to heal. On the 20th of May both the original sinuses were closed, and the wound was quite healthy. The splint was now removed, and extension made by a weight and pulley, the limb being supported by sand-bags. In the beginning of July the wound was all healed, except a minute sinus, which discharged a little thin sero-purulent fluid. He was allowed to get up, having been fitted with a leather splint. He was discharged on the 3rd of August, and sent home again into the country. There was then about an inch of shortening. The ends of the bones were firmly united, and there was free movement in every direction. He could walk on the left leg with the help of two crutches. In consequence of the disease in the left knee he was unable to put this limb to the ground.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOV. 4TH, 1868.

DR. HALL DAVIS, PRESIDENT, IN THE CHAIR.

DR. T. B. HAY, Mr. E. Fletcher (Melbourne), and Dr. G. R. Playfair (Agra) were elected Fellows.

The discussion on the papers of Dr. Tilt and Dr. Meadows, on "Irritable Uterus" and "Flexions of the Uterus," adjourned from the October meeting, was resumed by

Dr. ROUTH, who said that if he understood Dr. Tilt's paper accurately, it went to prove that the disease called irritable uterus by Gooch was very infrequent nowadays. Experience proved that abnormal complications existed in many of these cases; but while admitting this, it could not be doubted that the amount of complication often bore no relation to the amount of pain endured. And just as in an ordinary attack of tic-douloureux of the eye there was copious flow of tears and redness of the conjunctiva, not unlike inflammation, so it was possible that the uterus might be red and apparently inflamed, and yet this after all be only a simple tic of that organ. Such cases might still be cited as instances of irritable uterus. As bearing on the etiology of displacement, he would say that there were three varieties:—1. Those produced by inflammatory or other complications of surrounding parts—i.e., those retained by adhesions; these formed about 2 per cent. 2. The congenital, the percentage of which could not yet be determined. 3. The acquired, which might be met with either in an active state, with inflammatory or congestive symptoms, or in a quiescent state after all these had subsided. As regards anteversion, he believed it to be a more common affection than generally supposed, but, fortunately, often quiescent. It should be remembered that the normal position of a child's uterus, and also in early puberty, was one of anteversion; and in later life a fat omentum, heavy and loaded intestines, &c., might induce this flexion quite apart from any inflammatory disorder of the uterus itself. With respect to retroflexion, he would say that, given a healthy pelvis and healthy ligaments, retroflexion was impossible; but what did occur was this—the round ligaments and the ligaments of Douglas were both especially relaxed; the lateral less so. The points of support superiorly being thus removed, the organ was disposed so fall on one side or the other, and when top-heavy through inflammation or congestion of the fundus, this tendency was increased, and with this predisposition, a sudden accident, a jump or a fall, often proved an efficient exciting cause of retroflexion. If he was right in these views, it followed clearly that until the congestion or inflammation was at least partially subdued by treatment no permanent good could result from the use of instruments. Now, he had seen several cases of women who had been treated by Hodge's pessaries, and Dr. Hewitt's modifications of them, and were still uncured, and suffering intense pain from them, and who only got well when the complications had been overcome. And in these cases, where retroversion was accompanied with pain, inflammation, or congestion of the organ, nothing but depletion combined with absorptive remedies did good, especially the former; and whether accomplished by leeches, scarifications, or the hysterotome, it was a necessary preliminary measure to the use of instruments. There was one variety of retroversion in which the pain in the fundus was most acute, but with little or no actual congestion or inflammation of the organ, the pain in this case being reflected from the ovary, which on examination would be found tender and inflamed. To treat this was to cure the disease, and reduce the case to one of simple retroflexion.

Dr. SAVAGE said that this antagonism between practitioners so eminent as Dr. Hewitt and Dr. Meadows plainly showed that all opinion about uterine displacements was lamentably unsettled. He thought, therefore, that a reconsideration of the normal relations of the female pelvic organs with the pelvis might do something towards a more creditable uniformity of opinion. Dr. Routh had alluded to three ligaments of the uterus, but there were others, and those more essential, or what would become of Dr. Hewitt's vaginal base of support for his pessaries? The utero-pelvic cellular tissue, which enclosed the pelvic organs, had properties eminently fibro-elastic (muscular also in many parts of it), and was an integral part of the pelvic uterine system. The function of this tissue could be inferred from the following experiments on the dead body. Draw forcibly on the cervix with a vulsellum. The strain will be seen to begin with the utero-sacral portion where it divides to give passage to the rectum: thence it passes on to the broad ligaments; cut through these and the uterus comes down about an inch. In short, it is necessary to divide the pelvic cellular tissue before a notable displacement can be effected. Or to the vulsellum attach a weight, with the body in the sitting position. The weight must be heavy and the time long before the uterus appears at the vulva. Remove the weight, and the elastic property of the tissue, even in the dead body, causes the organ to retire. Cut through the broad ligaments close to the womb and the organ falls helplessly in all directions. If backwards, fix the neck, and there will be retroflexion (supposing the neck to be weak enough to bend); release the neck, and the back deviation is retroversion. He believed that there was always some prolapsus with retroversion. Owing to the presence of the rectum and bladder the cellular attachments of the vagina are limited to its sides, and this is why the vagina contracts not as a cylinder, but as a flat tube; the upper half being fixed, dilatation and contraction for the most part affect the lower half only, which must fall or rise in this to-and-fro relation with the former. No pessary, one excepted, can do much more than keep the womb out of the vagina. Then how account for the comfort attending their use? They ease the strain on the cellular tissue, which begins forthwith to regain its healthy tone. Aggravated cases of prolapsus of long standing are again and again held up, permanently reduced after the perineal operation; but should this tissue have lost its elasticity the best artificial perineum would be sure to give way. Hodge's was the best pessary, because in shape it corresponded with that of the contracted vagina, and with it the lateral vaginal action was unhindered, and the series of curative processes referred to permitted. It was a marital consideration which led to Hodge's curious modifications of the pudendal end of his instrument, and another authority still more considerate had cut off this end, and substituted india-rubber. It was regrettable to hear proclaimed far and wide pretensions to originality for what were in reality very unessential modifications. Of internal uterine pessaries, the record as a rule had been one of disaster. But, at the same time, he wished it to be understood that, in condemning intra-uterine pessaries, he did not include that of Dr. Hewitt, because he had had no experience in its use.

Dr. BRAXTON HICKS suggested that in this case, as in many others, between the two extreme views propounded, a large amount of intermediate truth existed, which was quite overlooked. He considered that for practical purposes cases of retroflexion were to be divided into four classes, which however ran into each other at every degree. In the first class he would place cases of congenital retroflexion, where no pain had existed previously, and those in which, the flexion having occurred a long time before, all pain had completely gone off, every resisting part having accommodated itself to the change. It was impossible to say how many cases existed of this class, because, as they suffered nothing, they did not apply for advice, but the state was observed in looking for other troubles. In the second class, the retroflexion was *in transitu*; the supporting tissues were not yet fully stretched, so that when any straining or quick action of the body ensued, the parts were put on the stretch, and pain was produced. To this class the largest amount of relief is given by mechanical support. In the third class he would place those cases where to the retroflexion a state of congestion, hypertrophy, and tenderness, more or less severe, was added. If these cases were handled roughly per vaginam, or with the sound, no doubt much mischief might ensue; but if the uterus could be replaced by the postural mode, or even by the sound gently used, then, the uterus being free from concussion against the sacrum, and the tension being taken off the ligaments, great relief would be obtained. The organ could be kept in position by Hodge's pessary, the action of which was not so much to push the fundus up, as to keep the os uteri so far backwards that the retroflexion could not recur. In the fourth class he would include all those cases where the uterus was reflected, and either tied down by adhesions, weighed or pushed down by heavy tumours, or with a very tender ovary, &c., where the use of mechanical support would be generally more distressing than a means of relief.

Dr. BARNES believed that simple retroflexion was a cause of real and serious distress in many cases. He found that congenital retroflexion was more frequent than it was supposed to be by Drs. Routh and Hicks. Cases of severe suffering in single women due to it had come under his care. A year ago he was asked to see a young lady who had long been suffering from obstinate constipation; there being pelvic distress, he was requested to examine. There was decided retroflexion. The body of the uterus, turned back in the hollow of the sacrum, pressed like a ball-valve upon the rectum, impeding defecation; and after a time the intestines, from being constantly distended, had become paralysed. A Hodge's pessary gave quick relief, and gradually the uterus rising into its place, the intestines regained power. It was therefore certain that inflammation or other disease of the uterus was not necessary to the production of retroflexion. A most common cause was childbirth or abortion. In many cases where he had been called in to treat secondary puerperal hæmorrhage, he found retroflexion, and when the retroflexion was relieved, the hæmorrhage commonly stopped. After labour, if involution were retarded, and the patient got up too soon, the uterus was apt to roll backwards, and if not rectified at the time the retroflexion became chronic, and various disorders ensued. To restore the body of the uterus to its place Hodge's pessaries answered admirably. He concurred in what Dr. Savage had said about bringing out modifications of Hodge's pessary under new names. Hodge himself had made various forms. The one thing to remember was the principle. It was a lever, and must be made to float with the vagina. It should not be fixed. A common fault in the pessaries was that they were made too large, so as to stretch the vagina, which was destructive of the principle of the pessary. He thought that Hodge's pessary could often be used advantageously whilst there was inflammatory complication. By supporting the uterus in its due relations, the hyperæmic condition of the body was relieved by the freedom afforded for the return of the blood from the engorged vessels. It was by no means illogical to treat the epiphenomena, the consequences of the disease, first. It was a fallacy to disregard these, and to limit our attention to the presumed cause. In most conjunctures in medicine we were compelled to treat the secondary complications. Indeed, it was only by observing and removing them that in many cases we were enabled to trace back and to discover the primary disorder.

Dr. SQUIRE wished to protest against the use of the hysterotome as a means of depletion in these cases; injurious and dangerous results he had known to follow its adoption. Ovarian irritation also would subside under other remedies than leeching and blistering, if the use of alcohol were prohibited. Involution of the uterus was greatly aided by lactation, and retarded by alcohol, the use of which ought to be limited where lactation is not carried on. He could not consider the puerperal state as a disease of more than a week's duration, though careful management was necessary for at least a month longer.

Dr. PRIESTLEY said that he recollected the time when uterine flexions were denied a place in uterine pathology by some authorities, and even now eminent practitioners were not in accord as to their frequency and importance; indeed he was informed by Dr. Greenhalgh that so eminent a teacher as Dr. Churchill, of Dublin, had never as yet met with anteflexion in the unimpregnated uterus. He quite coincided with Dr. Barnes in reference to the frequency and severity of the local symptoms sometimes associated with retroflexion as their direct cause. He could indeed testify that within his experience retroflexion of the unimpregnated uterus had been productive of very grave symptoms. Uncontrollable chronic vomiting had in some cases been a prominent feature. In another case, in which he had ascertained by examination that there was acute retroflexion of the uterus, the patient had for some years been suffering from what appeared to be progressive paraplegia, until she lost almost entirely the power of walking. The use of a Hodge's pessary gave great relief; the patient began soon to walk little by little, and was now gradually regaining the use of her limbs. In this case there were no symptoms distinctly pointing to uterine derangement, and the womb was not in the least degree morbidly sensitive to touch. When patients experienced pain in the pelvis in connexion with uterine flexions he felt confident that it was not always due to some superadded congestion or inflammation of the uterus—that it did not, indeed, always proceed directly from the uterus itself. In a lecture published some years ago he had pointed out that the cause of the attendant suffering was often to be found in the condition of the ovaries. In the cases where the results were felt in distant organs, pressure caused by the displacement could not account for the symptoms, but they were probably due to reflex effects upon the nervous system. He had no hesitation in recognising the classification suggested by Dr. Hicks. In treatment he pursued an eclectic course, dealing with each case in accordance with its own peculiar features. With respect to depletion as an occasional treatment, he preferred that moderate amount which would be just sufficient to relieve the congestion present rather than the frequently repeated and larger bleedings alluded to in the discussion, and he could not regard depletion alone as a remedy for the displacement. In conclusion, he could bear willing testimony to the value of Hodge's pessaries in suitable cases.

Reviews and Notices of Books.

Army Medical Department Report for 1866. Vol. VIII. London: Harrison and Sons, for her Majesty's Printers. 1868.

[FIRST NOTICE.]

THE Blue Book of the Army Medical Department for 1866, just issued, is a very good one, and contains many excellent papers; it is, on the whole, the best that has yet appeared. On turning over its pages, the reader at once perceives that a change has been made in the arrangement of its materials. Instead of being divided, as formerly, into three distinct sections—the Statistical, Sanitary, and Medical,—the two former have been incorporated; and those contributions which detail the history of an epidemic or describe the topography and sanitary aspects of a particular station, or those which specially treat of medical and surgical subjects, have been grouped together in an appendix at the end of the volume. The reader is referred, by means of a foot-note, to the papers contained in this appendix, whenever these afford additional information bearing upon the health of the troops. We think the authorities at Whitehall-yard have done well to recast their volume, and that they have already effected a considerable improvement. We would suggest that the Statistical Tables and the Abstracts of Meteorological Observations should be transferred to the end of the volume. In their present position they are apt to mislead the reader into the supposition that the appendix consists of these tables, whereas it contains some of the

best papers. The reader can now follow up the statistical records of any disease at a station by ascertaining what, in the opinion of the medical officers, were the causes to which its prevalence was to be attributed. Of course the Government cannot be expected to issue its information in the form of the popular literature of the day; but there is no reason why the official blue-clad periodicals should be made so heavy and uninteresting as they often are. One is reminded by them of that kind of food of which schoolboys have a lively horror—something which is very filling and cheap at the price. We are convinced that order and clearness of arrangement are too frequently lost sight of in the present day. A big book has been termed a big evil, and unless the arrangement be such as to facilitate reference, however good the material may be, it simply exhausts the reader's patience.

The statistics of the health of the British army would, we suppose, be confessed by everyone to be as carefully rendered and as valuable as statistics are capable of being made. Rightly considered, they indubitably afford data from which we may deduce laws of an empirical but accurate character. Statistics are too often misapplied by medical reasoners. One cannot determine the exact nature and relative value of the separate units which make up the large numbers. Under one and the same head different diseases may be in reality classified; a name being often used as a cloak to conceal ignorance, rather than as a means for imparting precision, definition, and system to our study of facts. We can suppose the regularly-constituted statistical mind to enjoy the figures of Dr. Balfour's section, and to take a pleasure in tracing the relative positions which a sick soldier assumes according as he is viewed as a unit in connexion with the total sick, the healthy or sick of the station, and so on, until he eventually comes out an insignificant figure with a load of noughts and a decimal point, like the bull's-eye of a distant target, in front of him.

At the commencement of the volume we are met by a piece of statistical information which proves that figures are the tersest form of expression:—

"The average strength of non-commissioned officers and men serving in the United Kingdom during the fifty-two weeks ending December 28th, 1866, as shown by the weekly returns, amounted to 70,292; the admissions into hospital to 59,966; the deaths, from all causes, both in and out of hospital, to 676; and the average number constantly sick to 2942. The proportion, therefore, of admissions was 853; of deaths, 9·62; and of men non-effective from sickness, 41·85 per 1000 of mean strength. Of the deaths, 82 occurred when the men were absent from their corps. The admissions into hospital and number constantly non-effective from sickness, in 1866, were greatly under, but the mortality was slightly above, the average of the preceding six years. Compared with the results of 1865, the decrease in the admissions and mean sick has amounted to about one-tenth, and the increase in the deaths to one-twelfth of the whole."

The proportion of sickness and mortality per 1000 of mean strength at the different groups of stations for the year 1866, as contrasted with the results of the preceding six years, shows that the admissions have been considerably under the average, except at Dublin and the stations of depôt battalions, where the reductions have been very trifling. At the seaport towns, large manufacturing towns, London and Windsor, and the stations of depôt battalions, the mortality has been under the average; but at all the other groups it has been above it, the increase being most marked at Dublin.

Compared with the results for 1865, there has been a reduction in the admissions at all the groups, except the seaport towns; there has also been a reduction in the mortality at seaport towns, London and Windsor, and the stations of depôt battalions, but an increase at all the others; and there has been a decrease in the mean daily sick, except at the dockyards and arsenals and the stations of depôt battalions.

Miasmatic diseases were less prevalent than in 1865 at all the groups of stations except Dublin and the depôt battalion stations. The reduction was most marked in the large manufacturing towns. At Dublin the increase in the admissions was attended by a much higher rate of deaths, which was not the case at the depôt battalion stations.

Continued fevers continue to show a decreasing rate of admissions, a result which may be fairly attributed to the improvements which have been of late years made in the sanitary state of the barracks. The highest proportion of cases still occurs, as might have been anticipated, in London and the large manufacturing towns.

The proportion of dysentery and diarrhœa was larger than in 1865, owing, probably, to the general prevalence of cholera during the third quarter of the year, as bowel complaints are invariably found to be in excess during such epidemics.

Spasmodic cholera, which had for some time previously been epidemic in France, Holland, and Belgium, appeared in England in the end of June. It prevailed among the civil population pretty generally over the United Kingdom. Among the troops only 17 cases and 13 deaths were recorded, including one returned as bilious cholera. Three deaths took place among men absent from their corps. The admissions were in the proportion of 0·24, and the deaths of 0·18 per 1000 of mean strength. These results afford evidence, we are told, of the value of the precautionary measures adopted on the first appearance of the disease in this country. If we might venture to demur to the conclusions of a skilled statist, we would do so here. Before we can estimate the value of the precautionary measures, we must know what was the proportion of attacks and deaths from cholera among the civil population, and whether it exceeded that of the military.

The number of admissions for *enthetic diseases* appears to have undergone an increase at most of the stations; but there is, we are glad to say, a marked reduction, as compared with 1864, in the syphilitic group, which is by far the most serious disease when viewed in its secondary and remote effects.

With the exception of 1863, when a great reduction in the proportion of admissions and deaths from *tubercular diseases* was recorded, owing to an alteration in the system of invaliding then introduced, there appears to have been a remarkable uniformity in the results of the last four years. The ratio of admissions per 1000 strength was, in 1866, 16·9; and of deaths, 2·96. The Foot Guards still maintain an unenviable prominence in respect of this class of disease.

The Sanitary Reports of the various stations are generally very short. This is not surprising, for the same defects commonly remain for several years, and the medical officers' reports would, if published annually, *in extenso*, be only a repetition of those of previous years. There would appear to be a good deal requiring to be done before the army can be said to be properly and decently lodged, and we suspect that a Liberal Government, pledged to economy and reform, will find they have a difficult task before them. We are convinced, however, that this country will never stand the great increase of expense necessary to administer properly the public services on the present model. If we are to have an army, the soldiers must be fairly paid, properly lodged and fed, and it is the most extravagant procedure to economise in these matters. The fact is that our army system requires a thorough remodeling to adapt it to the age in which we live. The time is near at hand for this reform and reconstruction to be commenced; and we venture to prophesy that Sir Charles Trevelyan has probably forecast the direction which it will take. The system of administration now pursued in military hospitals seems to us indirect and expensive, as well as prejudicial to the maintenance of the professional attainments of the medical officers. The more military functions — such as the attendance on parades, &c.—might be curtailed with advantage to the medical officer and the service alike. Army medical men ought to be doctors first of all, and their duties as well as their rewards should be such as to encourage them to consider themselves so.

We must defer the consideration of the other portions of the volume to a future number; in the meantime we would urge

our readers to procure it for themselves. It contains a mass of information of a very useful and interesting character. We understand that the previous reports have been liberally distributed to the various medical universities and licensing bodies. As an evidence of what can be done by the officers of the department over which Dr. Logan presides, the Blue-book for 1866 is a highly creditable production.

Contributions to the History of Development in Animals: 1. On Fœtal Circulation. By WM. MACDONALD, M.D., F.R.S.E., Professor of Natural History, Zoology, and Comparative Anatomy, St. Andrews, &c. Edinburgh: Maclachlan and Stewart. London: Renshaw. 1868.

DR. MACDONALD has evidently been devoting considerable attention to the study of development in animals, the present pamphlet being the first of a series. The contributions which are to follow will be devoted to the osseous and nervous systems. It would be impossible in a few sentences to give a fair outline of the author's views—which we may say, however, are opposed to those which have been very generally taught during the last three centuries—as to the course of the fœtal circulation. The pamphlet is illustrated with some very clear sketches, and the author has a good deal to say in defence of a position from which we confess our inability to dislodge him.

Dr. Rigby's Obstetric Memoranda. Fourth Edition, revised and enlarged by ALFRED MEADOWS, M.D. Lond., &c. pp. 76. London: Henry Renshaw. 1868.

THREE editions of this little book have already been exhausted, and the fourth now makes its appearance, under the revision of Dr. Meadows. We need only say that Dr. Meadows has omitted some of the old parts, and substituted a good deal of new matter, in accordance with the progress of obstetrical science. The concise character of the original work is preserved. It still remains a most useful little book of reference for those preparing for examination, and others who are in doubt as to principles of practice by which they should be guided in midwifery.

Scientific Opinion.

WE are glad to notice the appearance of what promises to be a useful weekly periodical. *Scientific Opinion* is intended to be for science, what that successful journal, *Public Opinion*, is for general public feeling. The new journal is said to be under the able direction of Dr. Henry Lawson, than whom no one is more competent to select with judgment those topics which are of interest and importance in the scientific world, and whose literary and editorial skill is well known. The first number, for November 4th, is a promising specimen, and is really most interesting. The publication is in the hands of Messrs. Wyman, of Great Queen-street, Lincoln's-inn-fields, who will doubtless give the new journal every chance of success.

PRACTICAL MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—I admit the necessity for the more practical teaching of anatomy and surgery, as suggested by Mr. Prosser in a recent number of THE LANCET, and that a good knowledge of practical anatomy should be acquired before histology and elaborate physiological doctrine and research are allowed to absorb the time and attention of hospital students. Such subjects may be acquired afterwards; practical anatomy, by the majority of men, never can. Having thus liberally seconded Mr. Prosser's plea for practical anatomy and surgery, permit me to suggest, on behalf of practical physiology and medicine, that every student, at the beginning of his third winter, should be taught—and as far as possible at the bedside—to use the stethoscope, test-tube, microscope, clinical thermometer, sphygmograph, vaccine-lancet, and midwifery forceps, in the diagnosis, treatment, and prevention of disease. The use of such appliances for such purposes is the A B C of practical scientific medicine. How few can use them properly,—how many rarely use them at all. It is not sufficient that men read, hear, and perhaps occasionally see how and why such things are used by others. They must be taught to use them for themselves. Not till then will our patients have the benefit, or ourselves the credit and satisfaction, which the efficient use of such instruments directly and indirectly affords. Most admit the practical utility of the stethoscope, although comparatively few know how to use it to much purpose; but the men who can detect lung-tissue in the sputa; albumen, sugar, and renal epithelium in the urine; dicrotism, increased arterial resistance, and exaggerated systolic expansion in the pulse; a gradual rise of temperature in the skin, inappreciable to the hand, but important in a clinical point of view; produce true vaccine vesicles; and avert—perhaps fatal—exhaustion and other ill effects by the timely use of the short midwifery forceps, are few and far between.

The acquirements I have mentioned are as necessary and valuable in practice as the skilful ligature of an artery, herniotomy, or reduction of dislocation; and it is to be hoped the time is not far distant when they will be systematically taught to all alike, and not only to the eager few, and even to them but imperfectly. The difficulties are by no means insuperable, if senile apathy is superseded by the vigour of rising and ambitious men, well informed on such subjects. The advocates of the one-faculty system of practitioners will gain a great point by promoting the practical teaching of medicine and surgery. At present the plea for pure physicians and surgeons is rather strong. I must also refer to the bad prescribing that prevails. Some give too much, others too little; some are indifferent routinists, others are dangerous innovators; only a few steer clear of these extremes. Before seeking out new medicines, let us learn how to properly use those we have. Our Pharmacopœia is full of excellent materials. It only requires care and observation to use them with greater effect than at present. When more attention is paid to the art of prescribing, we shall hear less said against such valuable medicines, in proper cases, as mercury and antimony, for instance. And why? Because we shall not give them in overdoses so frequently as at present. This subject, the art of prescribing, is intimately connected with that of diagnosis, which must be my apology for referring to it so fully. Further comment or argument in favour of the *bonâ fide* practical teaching of medicine and surgery can scarcely be necessary to those acquainted with the present state of medicine, and the practical attainments of the large majority of its practitioners.

I am, Sir, your obedient servant,

Littlemore, Nov. 3, 1868. WM. J. MARSH.

HOSPITAL ELECTION BY VOTING PAPERS.—At a special Board of Governors held on Nov. 6th, Dr. Balthazar Foster was elected physician, and Mr. W. P. Goodall surgeon, to the Birmingham General Hospital, to fill the vacancies caused by the retirement of Dr. Evans and Mr. Crompton. These are the first elections under the new system of voting papers, and we are glad to learn that the cost of election has been very greatly reduced. In Dr. Foster's case the expenses were nominal, as he was unopposed. Mr. Goodall had, however, a competitor in Mr. Bracey, and during the three or four days' contest some 1240 of the 1340 governors sent in their voting papers. Mr. Goodall's expenses amounted to only about £60, the greater part of which was spent in postage, for all the canvassing was done by friends, and no advertisements were published. The expenditure was thus reduced to about one-tenth of the sum spent by each candidate on the last occasion of a contest. The governors of the hospital have every reason to rejoice at the success of the new system of election, which has not only so greatly reduced the expenditure on the part of the candidates, but has also resulted in a much larger number of governors voting. If the profession will only co-operate with the hospital authorities in discountenancing the employment of paid agents and canvassers, and advertising, no eligible candidate need in future be deterred from seeking to attach himself to the most important hospital in the Midlands on the score of the expense of a contest.

MR. THOMAS CLAYTON, the founder of the Clayton Hospital at Wakefield, and a liberal donor to other beneficent institutions, died recently at Harrogate. He has bequeathed £100 to the Harrogate Bath Hospital, and the Clayton Hospital is left residuary legatee.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 14, 1868.

ONLY a few days remain before the elections are to take place. In this interval medical men, who have not yet done so, should interrogate their candidates on a question of both public and professional importance—viz., such an amendment of the Medical Act as shall secure a due representation of the body of the profession in the General Medical Council. It must be admitted that medical men generally have not shown that interest in this question which they might have been expected to show; and it may be confidently affirmed that unless they show more interest in it than they have done, the point will not be gained. For the new Parliament, when it meets, will have other questions of absorbing interest and paramount importance to consider; and unless the arguments are very plainly stated in favour of this and other amendments of the Medical Act, that Act will remain for sessions to come, and so will the Medical Council, in all their present imperfection. The amendment of the constitution of the Council can only come from one of three quarters. It might originate with Parliament or the Government; it might be suggested by the present Council; or it might be urged by the profession both upon the Council and the Government. Parliament and Government will have little leisure for such questions. We know too well what the Medical Council thinks of the proposition to introduce members into it by the votes of medical men. By a large majority it rejected the proposition so ably advocated by Dr. ANDREW WOOD, Sir DOMINIC CORRIGAN, and others. The leading members of the Council surpassed each other in the cleverness with which they argued against the importation of men meant to represent the profession, the education of which the Council is intended to regulate. They spoke as if such a change would lower at once the character and the influence of the Council. So that we have nothing to hope for from the Council itself. The only chance is in the energetic determination of the profession to have the change accomplished. It remains to be seen whether the profession cares enough about its own representation in the Council to make the effort to secure it.

Before noticing the weighty reasons lately set forth by a Committee of the Council of the British Medical Association, we would urge upon the General Medical Council itself to consider the significance of the apathy of the profession. There can be no greater weakness of the Medical Council than is represented in the want of interest in its doings which is manifested by the profession at large. Its decisions and discussions are only imperfectly respected, and the good that has actually been achieved by the Council is only tardily admitted. Any change that would interest the profession in the doings of the Council should have the support of every member of it who wishes to increase its power and its popularity. The address just issued by the Committee of the British Medical Association appointed at Oxford very well puts the arguments for a representation of the profession in the Council. If we cannot award the praise of novelty to any of the arguments, we may award the greater praise of good sense and plain statement to all of them. The Committee sets forth that the profession as a body is wholly unrepresented at present; that the medical corporations and the Government are alone represented; that the profession pays the entire cost, while it has no voice in the affairs of the Council. Passing from the claims of practitioners thus arising from the fact of their paying the entire cost of the working of the Council, the Committee finds an argument in the slowness with which the Council accomplishes the remedy of evils and the removal of defects in education. Admitting the credit due to the Council for the enforcement of a preliminary examination, the Committee argues that even this examination is inadequate, and that defects in the professional examination still continue, to the great hindrance of an improvement in the general attainments of students. By far the most serious point here is the number of rival examining bodies:—

"The great number and direct competition of the examining boards of Great Britain and Ireland, as well as the diverse and imperfectly reliable character of the examinations which they impose upon candidates for the licence, is still a source of discredit to the profession and of injury to the public interests. So long as the Council is mainly composed of special representatives of every one of those examining boards, there is little probability of this great evil being remedied."

The Committee see the explanation of all these evils in the composition of the Council, in its want of power, and want of external support. It seems to be hopeless of the highest results from the labours of a body composed so delicately—that is to say, composed to the extent of three-fourths of men whose examinations it has just complained of, and who have that mutual consideration for each other which does subsist between men who live in glass houses. The force of this impression cannot be abated until an independent element is introduced into the Council. We have very closely watched its proceedings, and most willingly testify to the earnestness and disinterestedness of the labours of its members. But even to us it is apparent that this independent element is wanted, and to busy practitioners throughout the country, who see in the Council nothing but a medley of numerous and rival corporations enjoying the expenditure of a large income derived from the profession, this want must be much more apparent. If practitioners will combine throughout the country to impress their views on candidates, and in every other way co-operate with the Committee of the British Medical Association, next Parliament will see such an amendment of the Medical Act as is necessary in the interest at once of the public and the profession.

A CLEVER article in the current number of the *St. Paul's Magazine* seems likely to reopen the controversy with regard to the merits and demerits of Tobacco which some years ago attracted much attention when it was carried on in the columns of this journal, and which from time to time reappears in isolated treatises and in the proceedings of learned societies. We suppose it is no secret that the paper in question was written by Mr. G. H. LEWES, the ablest living interpreter, perhaps, between modern physiology and the public. With such an authorship the article naturally commanded attention, and a very able criticism upon it, from the point of view of educated laymen, has appeared in the *Spectator*. We propose to make a few remarks both upon the original paper and on the criticisms of the commentator.

In the first place, we wish to state our hearty concurrence with the main feeling which runs through Mr. LEWES's paper; a feeling, namely, of regret and almost indignation at the perversity which leads such a large majority of controversialists on topics like this and the kindred subject of the use of alcohol to fetter themselves, and to confuse their own intellects, with mere words. It must be owned that in the case of tobacco the public has more than its usual excuse, for no less a man than the late Sir BENJAMIN BRODIE had set it the worst possible example. It was he who first popularised the sensation-experiment of the drop of tobacco-oil placed on a cat's tongue, and drew thence the absurd deduction, for the benefit of the public, that the convulsions which the poor animal suffered in consequence were only an aggravated degree of the poisonous effects that are produced in the organism of every human smoker. There is something amazing in the revelation which wild arguments such as this, put forward by really able men, and eagerly accepted by multitudes of clever people, afford us; they show beyond dispute that the logical faculty is one of the rarest of human possessions. The experiment in question demonstrated that the empyreumatic oil of tobacco, when administered in purity, in high concentration, and in considerable dose, caused convulsions. Other experiments had proved that nicotine, in a state of purity and concentration, was capable of paralysing the heart. "*Ergo*," shouted the anti-tobacconists, "every smoker, even the most moderate, is daily *tending* to produce in himself convulsions and paralysis of the heart."

It is in another and very different spirit that Mr. LEWES investigates his subject. He concedes at once that tobacco-smoking, practised in excess (the line of excess varying, however, very much for different individuals), produces narcotic poisoning; and that this poisoning, according to its degree, its suddenness, &c., may show itself either in rapidly fatal depression of the heart, or in a more chronic form, as degeneration of power in various portions of the central nervous system, leading to deteriorated intellect, spinal paralysis, and a variety of serious evils. But, in order to connect these facts with the facts of ordinary smoking as practised by the multitude, we have to assume—(1) that the effect of repeated small doses is *cumulative*; and (2) that the accumulated effect will be a reproduction of the direct effect of a single large dose. The impropriety of each of these assumptions can be immediately exposed. Mr. LEWES is amply justified in appealing to common experience on the first of these points. If the effects of smoking were truly cumulative, then the millions who take a regular daily dose of it, however moderate, must *all* of them, sooner or later, experience some of the more serious symptoms of tobacco-poisoning to which reference has been made. Common experience tells us that this is so exactly the reverse of the fact, that only the blindest theorists could believe in cumulative effects from repeated moderate doses, save as exceptional phenomena produced by special circumstances. Quite as unfounded, though not quite so obviously foolish, is the essential notion of cumulation itself, as conceived by the ordinary opponents of tobacco. They cannot seriously believe that either nicotine or the empyreumatic oil becomes permanently stored up in the body in material substance. Yet they do believe that the effect of repeated slight impacts of minute quantities of the tobacco-influence upon the nervous system is to produce at last substantially the same result as that of a single severe impact. What idea, then, can they possibly have formed of the real nature of that "stimulation" which they say is produced by small doses, and which when repeated a certain number of times, on their hypothesis, produces narcotism by "reaction" or "exhaustion"? Do they seriously mean to assert that each moderate dose of tobacco, or other similar agent, produces an increased discharge of force, which is followed, shortly afterwards, by a condition in which the vital energy is reduced to a point *below* that at which it stood when the "stimulus" was applied? Or do they merely mean to say that the display of force produced by the exhibition of a small dose of the tobacco-influence subsides again, leaving the organism quiescent as before? But this is precisely what occurs after the exhibition of an ordinary food. What, then, becomes of the theory of a progressively accumulating exhaustion from the use of small doses of tobacco?

The truth is, that the ordinary arguments in favour of the cumulative action of small doses of tobacco, and of its congeners among physiological agents, ignore a fundamental fact in physiology which is well and clearly stated by Mr. LEWES, and indeed has been stated by other writers before him—the fact, namely, that alterations of *quantity*, in a physiological agent, frequently involve alterations in its *quality* also. There is, probably, no agent in nature which in large doses continues to produce the same effects, merely altered in degree, which it produces in small doses upon the organism. As if to put the finishing touch to the demolition of the old metaphysical idea of the essential oneness of effect of varied quantities of the same agent, KEMMERICH has recently stated that even *extract of flesh*, in concentrated form and high dose, acts as a powerful poison to the heart. Whether this be correct or not, it is impossible to argue from the effects of large to those of small doses of any physiological agent whatsoever.

The writer in the *Spectator*, however, raises another and a very ingenious question. Let us grant, says he, as we certainly must, that these arguments from the effects of large and confessedly poisonous doses to those employed by the ordinary smoker are futile. Is it not, nevertheless, true that tobacco possesses this evil speciality—that when "administered in an overdose it effects some *permanent* change, probably in the spinal cord, which renders the victim for ever after liable to injury from the minutest doses?" We allow that there are some facts known to medical men which, viewed alone, might seem to countenance such an idea. But that there can be any general rule of this kind is certainly impossible. For, in fact, nearly every smoker commences his career by poisoning himself, once or several times, owing to his want of mechanical skill, which causes him to *swallow the empyreumatic oil*, and thus to absorb a truly dangerous quantity of the poison into his blood. Yet not one in ten thousand smokers fails afterwards to acquire the power of smoking two or three pipes or cigars a day with perfect impunity. Again, there are hundreds of people—we have ourselves known several—who, by a persistent course of excessive daily smoking, bring their nervous systems into a state of debility, in which there is the greatest reason to fear the occurrence of spinal paralysis and of intellectual decay. Yet the immense majority of these, according to the best information we have been able to collect, after a complete abstinence from smoking for a length of time sufficient to restore them to apparent health, are able again to smoke *moderately* with impunity. It

may well be that there are moral reasons for not allowing them to smoke again, lest they should again be tempted to exceed. But the physical position is what we have now stated, as a rule.

The real explanation of the facts observed, and too hastily generalised upon by some physicians, seems to us to be as follows. A certain number of persons are so constituted that tobacco is a veritable poison to them in *any* dose, even the smallest. Such persons are never free, throughout their whole career as smokers, from symptoms which incontestably evidence the existence of a process of narcotic poisoning. Even if they conquer the tendency to nausea which at first affects them, they suffer, although smoking ever so moderately, from chronic languor, giddiness, dyspepsia, cold feet, or even from decided, though perhaps slight, symptoms of paralysis of sensation. It is of no use for such persons to suspend smoking for a time; their only safety lies in giving it up at once and for ever. To this category really belong, as we believe, the only genuine cases that have been recorded of serious effects produced by the use of such moderate doses as the two or three pipes or cigars a day which millions of persons all over the world are constantly taking.

While, however, we thus protest against the misinterpretation of facts which is so common among the accusers of tobacco, it is our duty to speak with no uncertain sound as to the extremely bad effects of excessive or untimely indulgence in the use of this pleasant weed. We do not believe, any more than does M. FAURE (the writer of an able article in the *Gazette Hebdomadaire* of Sept. 18th) in the exaggerated statements of M. JOLLY, who tries to convince us that the recent increase of insanity is owing to tobacco-smoking, forgetting that this increase is quite as decided among women as among men! But we feel sure that the too prevalent habit of *excessive* smoking does debilitate and demoralise a large number of men by producing a general enfeeblement of the nervous system. We are certain that it is improper to subject the organism to the action of tobacco at all, during its period of development, and especially before and during the establishment of puberty. And we cannot ignore the fact, that over and above its graver physical effects, excessive smoking tends to withdraw men from the field of steady and serious action into that of dreamy self-enwrapped meditation, and that it too often militates against the performance of those unselfish duties of social intercourse which make up the happiness of home life. Upon this ground, as well as on that of the physical injuries produced by excesses, the enemies of tobacco have an unquestionably strong case; but if they would hope to gain the support of serious scientific thinkers, they must cease to make improbable statements, and to draw illogical inferences from one set of phenomena to others which are utterly unconnected with them.

THE able address of Dr. RICHARDSON on Bloodletting, to which we have already referred, is now printed at length in the current number of our contemporary, the *Practitioner*; and as it has by this time probably been read by many who did not hear it delivered, we may with propriety criticise this essay; indeed we could not justifiably allow it to pass without something like a detailed examination. Dr. RICHARDSON is a representative man, and his words will carry so much weight in many quarters that it is a positive duty to submit them to a searching revision, considering the immense importance of the subject with which they deal. Let us hasten to acknowledge, at the outset, the literary ability and the conscientious spirit of inquiry which distinguish Dr. RICHARDSON'S paper; they are unquestionable, and the reader who most disagrees with the arguments will none the less enjoy a pleasing mental exercise. So much acknowledged, we must proceed to the more ungracious task of sceptical criticism, using those terms in their philosophic sense.

And be it remarked, in the first place, that the historical theory of the recent decline and fall of bloodletting which Dr. RICHARDSON propounds is one that appears to us neither sufficient nor in the main correct. The revolt against bloodletting he rightly describes as but one instance, though the most important, of the necessary discredit which fell upon the ancient dogmas of medicine when anatomy, chemistry, and physiology began for the first time to assume the character of exact sciences. But we think he is wrong when he speaks of these dogmas as being mainly "empirical"—i. e., the authoritative utterance of celebrated men, who said: "We know from our expérience that such-and-such prescriptions cure such-and-such diseases." It is true that a great deal of this kind of empirical dogma did come to a sudden and disastrous downfal in the agitation which succeeded the new birth of morbid anal tomy and of physiological chemistry; but this downfall corresponded rather to the accidents than to the essence of the change that took place in the spirit of the age. What seems to us to mark far more distinctively the character of that profound alteration in the spirit of modern medicine which began to work with JOHN HUNTER, and first assumed a definite form, perhaps, in consequence of the labours of LAENNEC in morbid anatomy, is the abandonment of the *à priori* method of argument, and the general acknowledgment that the inductive method (imperfectly understood though it was) is the only truly scientific and the only fruitful process in medical inquiry. We cannot allow that this is a mere point of antiquarian interest, a mere phase in the history of dead and gone medical ages; on the contrary, we maintain that if the present generation is again to take up the discussion upon bleeding, and again to weigh the justice of the arguments adduced by the older writers in favour of the practice, it behoves us especially to beware of the leaven of the metaphysicians which so abundantly leavened the ancient pleas for this and every other "heroic" mode of treatment. That this warning is by no means unnecessary is certain, for Dr. RICHARDSON has himself fallen into the error in question in a very conspicuous and important instance; and as it is quite impossible in the limits of one leading article to discuss all the ten propositions which Dr. RICHARDSON so ingeniously maintains, we shall limit ourselves on the present occasion to an examination of his argument in favour of bloodletting as a means of arresting acute inflammatory action.

Dr. RICHARDSON remarks that the ancients discovered that bloodletting reduced over-action, and that grand symptom of over-action, accumulation of animal heat; and he declares that they had a strong case for this theory, for "we know that to remove blood is to reduce the animal heat, as we know that to take out the burning fuel from the furnace is to reduce the motion." Never was there a more astonishing assumption. There is not one recorded case with which we are acquainted

which supports the statement; for the older physicians, who used to bleed, never measured the interior temperature of the body with the thermometer, but merely guessed at its level from the feeling conveyed to the hand placed on the superficial parts—a process which is entirely deceptive; nor does Dr. RICHARDSON adduce one iota of thermometric proof. But who does not know that a patient may feel chilly and depressed, and yet have an abnormally high temperature of mouth, rectum, and axilla? As for the simile derived from the fuel of the furnace, it is the very pattern of a false analogy. Grant for a moment that in inflammation the blood is the fuel—a mere hypothesis,—how does that make it certain that the abstraction of a certain amount will lower the bodily heat, or will reduce the "over-action" of which Dr. RICHARDSON asserts that the accumulation of animal heat is a "grand symptom"? When we take out red-hot coal from a perfectly ignited furnace, we undoubtedly reduce the power that generates motion; but when we remove twenty ounces of blood, at a temperature of 109° Fahr., from the venous system, we are *not* taking away a definite quantity of the only material that can keep up the heat-making process. No one who has studied LISTER'S researches on the early stages of inflammation can fail to see the strongest reason to believe that the inflamed tissues themselves are largely concerned in the heat-making processes, and that they will continue to supply an influence which can keep up the temperature of the blood quite independently of the abstraction or non-abstraction of what may amount to one-thirtieth of the circulating fluid.

Nor is this the most formidable of the theoretic objections that can be urged to Dr. RICHARDSON'S view. For while all analogy and all existing knowledge point to the belief that tissues in the process of *destruction* will continuously give out heat; so, on the other hand, we can scarcely doubt that the building up of new and highly organised tissue is a process which necessarily tends to the reduction of temperature. But this building up of perfect, or nearly perfect, tissue is one of the objects to be striven for, in the management, for instance, of a pneumonia. Dr. RICHARDSON proposes to take away the potential material of well-formed tissue; which really is equivalent to checking the formative, and speeding the degenerative, process. So that the very treatment which on speculative grounds he justifies, turns out, when we push our speculations further, to be the ideal of an inappropriate, instead of the pattern of an appropriate, remedy!

But, in fact, we object, at present, to arguments based on the probabilities of the case. It is Dr. RICHARDSON'S duty, before he gives the weight of his authority to the statement that in early inflammation bleeding reduces both "temperature" and "action," to prove this proposition by a rigorous and extended thermometric inquiry. There are many suggestions in his paper which we believe to be of real value, and to these we shall return in a future article; but upon the question above discussed it is most important that no time should be lost in pointing out the very serious faults of argument into which we think Dr. RICHARDSON has been betrayed.

SCARLATINA exhibits no signs of abatement in the metropolis. Last week 119 deaths were caused by that disease, 72 of them being of children under five years of age, and only 7 of persons aged fifteen and upwards. The mortality from all causes in London during the week was lower than in the week preceding.

Medical Annotations.

"Ne quid nimis."

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE first meeting of this Society took place on Tuesday last, and was devoted to two papers on Excision of Joints, by Mr. Henry Lee and Professor Humphry (of Cambridge) respectively. Mr. Lee's paper included the results of cases of excision of the hip, knee, elbow, and wrist joints; whilst Professor Humphry's was a continuation of his former paper on Excision of the Knee published in the Transactions of the Society, and carried the number of cases on which he had operated up to thirty-nine. The knee-joint received the largest share of attention in the discussion; and it was manifest, on all hands, that the operation of excision of the knee-joint was accepted as one of the ordinary and legitimate resources of surgery. To those who remembered the discussion on the late Mr. Jones's paper fifteen years ago the change of tone was very significant. Then, the propriety of ever excising the knee-joint was seriously questioned by able surgeons. Then, an hospital surgeon stood up and condemned the proceeding absolutely, denying the probability of bony union, likening the leg after the operation to the striking end of a flail, and dramatically twisting about his own forearm as an illustration of the mobility of the false joint that he expected to ensue. Thanks partly to Mr. Jones, and still more to the discrimination and perseverance of Sir William Fergusson, the operation has not only survived the attacks of those who were opposed to it on hypothetical grounds, but it has been the means of preserving useful limbs to hundreds of people who would have been condemned by hypothesis to wooden ones. The great feature of the evening was, undoubtedly, a speech delivered by Mr. Skey, in which that veteran endeavoured to show that excisions must be rashly performed elsewhere, because in his day at St. Bartholomew's Hospital the surgeons did not undertake the operation. He reverted in glowing terms to the days of Abernethy and to the constitutional treatment of disease; and broadly asserted that, with more attention to this mode of treatment, excision would be a rare operation.

It is always painful to witness an attempt on the part of a gentleman of the old school to stay the current of progress, and bring things to—"as they were in my time;" and it happens, unfortunately for Mr. Skey, that the very rapid promotion which has taken place at St. Bartholomew's Hospital of late years has completely altered the practice of that very conservative institution; so that, as was observed by Mr. Thomas Smith, at the present time all the surgical staff undertake excisions, the aggregate number of these operations is great, and the success very satisfactory. We may add that, thanks to the opposition of Mr. Skey and his former colleagues, excision of the knee was introduced into the practice of St. Bartholomew's ten years later than at many other hospitals; and hence it happens that, even at the present time, the tide of reaction is somewhat stronger than it will be a few years hence. We know that both at King's and University College Hospitals, where the operation was most frequently performed in former years, there are not so many knees excised now as there used to be; and it is not improbable that, in children especially, we shall from year to year be able to limit the number of cases, and by selection considerably reduce the mortality of the operation. That excision of a joint is better than amputation of a limb, in the abstract, no one can doubt; but that there will ever be cases in which amputation will be the preferable method no surgeon can, we think, hesitate to own, unless his enthusiasm gets the better of his reason.

THE MEDICAL CLUB.

THE adjourned general meeting of the members of this Club takes place to-day (Friday) at two o'clock, Sir Wm. Fergusson, Bart., in the chair. It will be remembered that the question of the future government of the Club and the responsibility of its members was, on the motion of Dr. B. W. Richardson and Dr. Carpenter of Croydon, referred to the Committee for consideration and report. The Committee, having regard to the guaranteed protection of the members from pecuniary liability with which the Club was started, have reported that this principle cannot be departed from without entirely changing its constitution, and strongly recommended that no alteration should be made in this respect. At the last meeting it was proposed that a guarantee fund should be formed by those members who were desirous of aiding the Committee in meeting any temporary excess of expenditure over income, and guarantors to the amount of £120 have already come forward for that purpose.

This is the present state of matters, and it will be for the meeting to deliberate upon their future course of action. When this Club was started, we saw that it was capable of supplying a great want, and of becoming a very important institution, and we hoped that it would be supported by a large body of the profession. We said at the time, and we see no reason for altering our opinion, that a club composed of medical and scientific men might enable its members to hold pleasant social communion, and to discuss the various topics of a medical, sanitary, and social character which are constantly coming before Parliament, so as to determine some course of action on them, by which the conduct of the Legislature should be influenced, in the same way that the political world is influenced by the Carlton and Reform Clubs. There are many subjects of the greatest interest to the profession, such as our Poor-law medical administration; the condition of the medical officers in our public services; the sanitary requirements of hospitals, barracks, and the asylums for the poor; the question of medical coroners; the remodeling of our system of medical education, and many others. The opinion of the profession on all these matters fails to exert any influence, for want of unity of action and due representation. If a good club existed, embracing a section of the leading metropolitan and provincial medical men, with a large body of other less influential members, there can be no doubt about the power and interest which such an institution would possess and could exercise. The question comes,—How can a club, fairly representative of so large and important a section of the community as the medical profession, be started and maintained? Started it has been already, and it remains, therefore, to make it worthy of the profession. This can only be done, we suspect, by following the course of all other similar institutions. The exertions of the honorary secretary have been most laudable, and he deserves a great deal of credit for the enterprise and labour he has manifested; but it appears to us unjust to him, as well as absurd, to suppose that any one individual can continue to assume the entire responsibility of such an institution. He has taken this responsibility on himself thus far, but the Club having obtained a local habitation and a name, and survived the disorders incidental to its infancy, it ought to be put upon another and a more extended basis.

ACUTE NEPOTISM.

IT is reserved for the President of the Poor-law Board to be destitute of shame. In having the hardihood to be alone in opposing the resolution of his peers, affirming the necessity of skilled inspection of the sick poor in workhouses, we must charitably suppose that Lord Devon only consulted the dictates of his own conscience. But as a public servant he was bound to listen to their unanimous advice, especially when that advice was backed by the representations of an Association which carried with it the confidence of the press and of all Christian men. Unlike his predecessor, Lord Devon has bound himself, now more than ever, to the obstructive influences at the Poor-law Board. He treats the public as the guardians treat the poor. The latter are offered that which they do not want, and starve, in consequence, into idleness, disease, and death, whilst the peers and public, to their demand for medical inspectors, have barristers thrust upon them wholesale. Lord Devon has not only created two new offices, but has given one to his son, and the other to a newly fledged barrister, who claims relationship to Mr. Fleming, the permanent secretary of the Board. We are satisfied, however, that these appointments cannot fail to open the eyes of the public to the shameless jobbery which makes the Poor-law Board a spectacle of weakness and incompetence, contemptible alike to ratepayers, guardians, press, and Parliament, as well as worse than useless to the poor, for whose interests and feelings there is such little care. We believe the Nemesis is not far off—that the time is close at hand when the President will be called to account before his peers for his neglect of their instructions, and when even the power of a permanent secretary shall be disgorged to Parliament. In the future fundamental reconstruction of this now mythical, but socially important Board, we trust to see a due recognition of the claims of the aged and the sick poor to the supervision of medical inspectors, competent to direct, and to obtain for them their reasonable wants.

THE MEDICAL MISSION AT PEKING.

AN extremely interesting account of the working, during the year 1867, of the medical mission at Peking, is contained in the sixth annual report of that institution, which has just reached us. Though the practice at the hospital has been on the average what may be termed commonplace, yet the moral effect on the Chinese is evident. The total number of new cases was 5722; the total aggregate prescribed for, 20,816, about a sixth of whom were women and children. An increased confidence in the efficacy of foreign medicine is apparent. The surgical new cases amounted to 1022, and these were surpassed by diseases of the skin, 1132, of which 979 were instances of scabies. Opium-smoking is described as the barrier to all progress and happiness. It is universally and systematically practised. It however accounts in some degree for the peculiarly satisfactory recovery after severe injuries noticed in the daily practice of the hospital, at least in those cases which are brought to the hospital; for, as the law stands, injured persons, when unable to come to an institution of their own accord, must remain on the *very* spot, *wherever* that may be, awaiting an inquiry which rarely takes place till the third day, and before this the patient very frequently dies. The following is an interesting case of recovery from severe self-inflicted wound in an opium-eater. The medical officer says:—On the 25th of May notice was sent to the hospital that a man, disembowelled, was lying in the street, and proceeding at once to the spot, he found the man as had been described. The injured individual was a Shansi huckster, who had been accused of stealing, and to prove his innocence he had stripped himself in the presence of his accuser, and plunged his knife into his abdomen, performing what is called *harakari*, and asked the bystanders to examine his heart for the theft. After inflicting the gash, the man was surprised to find his intestines gush out, and, in great fear, tried to replace them, but unsuccessfully. Two hours after, he was seen, as stated above, by the medical man, who found him quite sensible, and without bad symptoms. He was not taken to the hospital till many hours afterwards, in consequence of the reluctance of the police and neighbours to act in any way. On admission, with much difficulty his dirty jacket, which had been thrown over the protruding bowel, was removed from the intestines, the dust was washed off, the intestines returned, and the large wound, nine inches and a half in length, and

stretching from a little above the ensiform cartilage to a few lines below the level of the umbilicus, and one inch to the right of it, was stitched up. Two grains of opium were given daily. Eight days afterwards his bowels acted naturally, and the man recovered perfectly, to be a wonder to all who saw him subsequently. Such operations as that for hare-lip, when performed successfully, give great satisfaction. The report discloses the fact that the Chinese are utilitarians to the utmost degree. Before the death of patients their friends dress them ready for burial, cover their faces with white paper—often an excuse for starving them,—remonstrate with them for being so long a time in dying, and impress upon the seriously ill the fact that a hired cart is at the door awaiting their speedy dissolution. Practices so revolting must sooner or later give way before the good work of the mission.

WHAT IS WINE?

AN excellent article on this interesting topic has been written by Dr. A. Dupré, in the October number of the *Popular Science Review*. Notwithstanding all the discussion which has taken place of late years about the value of wines, the importance of using only "pure" or "natural" wines, &c., there is a very general ignorance among the public, and we fear among doctors too, of what may fairly be called the elements of the question. Dr. Dupré has already rendered good service by continuing and extending the researches of Berthelot on the chemistry of wines, and has devised a process by which the amount of compound ethers in all classes of wine may be estimated. The importance which this branch of the subject is destined to assume may be imagined from the simple fact that a single wine may contain *twenty-five different kinds of ethers!*—a circumstance which sufficiently explains the mystery which hangs over the subject of the physiological action of "wine" as distinguished from "alcohol." In the article to which we are now referring, and which we hope is but the first of a series, the author commences the work of educating the public to look upon the manufacture and preservation of wines as a scientific problem. He explains the ordinary processes of fermentation, and the subsequent changes which take place in keeping wines, with a fulness of explanation as to chemical changes which strikes us as exactly hitting the happy medium between superficiality, on the one hand, and the opposite fault of unintelligibility from an excessive display of scientific learning. The public cannot do better than read this article as a preparation for further studies on the wine question.

The same number of the *Review* contains a capital paper by Mr. St. George Mivart, one of our best comparative anatomists, "On the Anatomy of the Lobster." To those students who take up the subject of comparative anatomy at first with fear and disgust, because of its supposed dryness, this article will be an agreeable surprise. It would do excellently as a "coach," of the legitimate kind, for the University of London examinations.

CONTAGIOUS DISEASES IN CHINA.

THROUGH the courtesy of Mr. Berkeley Hill we have received an account of the sanitary arrangements at Hong-Kong. The marked benefit which the imperfect ordinance of 1858 has conferred upon the public health does not appear to have attracted general attention. Venereal disease has diminished to one-third of its former amount. This ordinance has now been replaced by a more stringent code of regulations. In the report on the control of prostitution, furnished to the local government by H.M.'s colonial surgeon for Hong-Kong, Mr. Ivor Murray, F.R.C.S., F.R.S. (Edin.), the testimony of different medical officers of the two services is quoted. Venereal diseases, which a few years ago were among the most common causes of unfitness for duty, have now become of rare occurrence; true syphilis being but seldom contracted by the men at Hong-Kong. Deputy Inspector-General Dr. Heffernan, the principal military medical officer, states that, in the year 1865, the admissions among the troops serving in China were at the rate of 245 per 1000 strength. During 1867 they had diminished to the rate of 100 per 1000 strength. In Japan, where there was in 1867 no inspection of any kind, the admissions for venereal disease in the last three months of that year were 155 from only 680 men, or 912 per 1000 per annum. During the same period in China the admissions were 29 out of the same strength. It will be seen that steps were taken by this Government many years before their necessity was recognised in Great Britain.

THE CASE OF DR. STIRLING, R.N.

WE are glad to find that the naval papers coincide with ourselves in the belief that the Admiralty cannot hope to supply the vacancies in the naval medical department so long as Dr. Stirling's case remains uninvestigated by a court-martial, and the points in dispute between himself and Commodore Randolph are undecided. The language of the *United Service Gazette* is very explicit, and we extract from an able leading article devoted to the subject the following quotation:—

"Had the Commodore been content with mere blustering, and had he consented to make peace after an apology so offered, we should have had little to say on the subject, as mere insolence from an officer in command is, according to naval custom, privileged and sacred. But he was not content with that. Sending his one-sided statement of the case to the Admiralty, making charges of the extent of which Dr. Stirling is at this moment ignorant, the Commodore took upon himself to commit a gross excess of the authority entrusted to him, and, for no possible reason but the gratification of a personal spite, inflicted a heavy and most grievous injury on an officer of long standing, and of rank but little inferior to his own, by depriving him of a lucrative appointment which, but for that act, Dr. Stirling could have held for life. Even had the fact been that Dr. Stirling had, in a moment of excusable irritation, spoken in a manner which, by the absurdly exaggerated notions of discipline entertained by executives, might be regarded as disrespectful or not sufficiently cringing, we maintain that after an apology so offered, the revenge of the Commodore, for it was nothing else, was out of all proportion to the offence."

So soon as the reformed Parliament meets, we trust that some effort will be made by an independent member to have justice done in this case. Dr. Stirling may be right, or he may be wrong, but at least he is entitled to a fair trial, and to know what are the charges against him which led to his dismissal.

But Dr. Stirling's is not a solitary case of oppression on the part of Commodore Randolph, for since the date of his unjustifiable conduct to Dr. Stirling he has thought fit to treat a paymaster, Mr. Morrison, in a similarly cavalier style. But now comes the difference. The Admiralty would not allow an officer who looks after the money-chest and stores to be thus summarily dismissed, and, after an investigation, reinstated Mr. Morrison, and administered a rebuke to the Commodore. Thus it appears that a highly-educated gentleman, who has spent the best part of his manhood in the service of the Queen, and in the care of the health and lives of her sailors, is treated with much less consideration than one who, entering the service as a lad, has attained a rank junior to that of the staff-surgeon, and who has but to keep accounts and take care of the provisions and cash! What does Dr. Bryson say to this very flattering estimate of his department, and does he ever condescend to remonstrate with the authorities upon the subject?

BERMUDA AND DEMERARA MILITARY STATIONS.

THERE would appear to be very considerable room for sanitary improvements at these stations. As regards the latter, we have long been of opinion that white troops should not be sent there at all, and we are glad to be corroborated in that view by the opinion of the military medical authorities. We

are indebted to the Army Medical Report for 1866 for the following facts.

At Bermuda—where the 15th Regiment has this year been suffering from typhoid fever and dysentery, in a great degree owing to its arrival at the commencement of the summer instead of in the winter or early spring—the admissions in 1866 were considerably above the average of the preceding seven years, although the deaths were much under it. If, however, the year 1864, during which epidemic yellow fever prevailed, be deducted, the mortality of 1866 was double the average of the remaining six years, the excess being mainly due to miasmatic diseases. According to the Report of the Deputy Inspector-General at Bermuda, there exist at that station numerous insanitary conditions which require remedial measures of a sweeping character: for instance, the existence of open privies and cesspits, insufficient cleansing of ashpits, absence of properly flushed drains, and deficient barrack accommodation for troops. Bermuda, we are told, has never had the benefit of the improvements recommended by the Sanitary Commission of 1858. Commissions have been appointed after each epidemic visitation, and they have all recommended much the same measures. If those made by the first had been carried out, the nation would have been spared the expenses attending all the subsequent commissions; but recommendations to execute extensive works are one thing, and the provision of the necessary grant of money is another.

It will be in our readers' recollection that a portion of the 16th Regiment was quartered at Demerara in 1866, and suffered severely from yellow fever, by which, in the short space of eight weeks, there resulted a mortality amounting to 22 per cent. of the whole force. The occurrence was the subject of official investigation by a Commission, whose report was presented to Parliament. The experience which we have had of this station on previous occasions has been very much the same. The Army Medical Blue Book informs us that—

"In the beginning of 1852, in consequence of the very sickly condition of the troops from the prevalence of fever, the white garrison was withdrawn from Demerara, and was not replaced till early in 1858. The recurrence of a similar condition, and the very heavy mortality resulting from it, render it a question of some importance whether the employment of white troops in so malarious a station is indispensable; and whether it would not be more prudent, more humane, and more economical to restrict the constitution of the force employed there entirely to black troops, who are so much less susceptible to those influences which produce fevers, particularly the more aggravated and fatal types."

"BLACKWOOD" ON THE MEDICAL PROFESSION.

WE are glad to receive from one of the oldest and most influential of the political magazines—a magazine, moreover, long recognised as one of the champions of Conservatism—an emphatic confirmation of the opinion we have often expressed that medical men should have a place in the counsels of the nation. Mr. Charles Lever, himself a man of medical training, and even practice, and widely known as a brilliant and fertile novelist, declares, in the new number of *Blackwood*, that he has always felt the absence of medical men from Parliament as a great loss. "It is not merely," he says, "that there are a variety of topics on which they could speak with authority and instruction, but that to whatever subject they addressed themselves they would bring that blended knowledge of facts and human nature, that composite structure to which science gives something and humanity more, which is sure to be of immense value in a legislative assembly."

Among the questions that will most profoundly engage the attention of the new Parliament will be that of education—a question which, it is now universally admitted, must receive other consideration than what has hitherto been vouchsafed to it by country gentlemen and divines, and will be adequately discussed and legislated upon only when the opinion and practical advice of medical men are taken and enforced. It is one of the evils of the present system that the relation of the mental to the bodily powers of youth is imperfectly understood by the superintendents of educational establishments, and that very often a precocious intelligence is produced at the expense of the young scholar's physical and even moral growth. The public are gradually becoming alive to the importance of having their municipal legislation revised and checked by medical opinion; they see the necessity of committing the surveillance of factories, mines, and other places of industrial activity to medical rather than to unscientific inspectors; and they are quite satisfied that their whole sanitary legislation will be efficient or faulty in proportion as its provisions are devised and executed by thoroughly competent medical men. But until such men have a direct share in legislation, their influence will be at best precarious and inadequate, and the benefit which the country is calculated to derive from it will be tardy in its appearance, and limited in its extent. Under these circumstances, it is peculiarly gratifying to find the claims of the profession to direct representation in Parliament receiving the support of one of the most authoritative of the non-professional organs. Mr. Lever has done much to make the English people better acquainted with their Irish fellow-countrymen and with their Continental neighbours. He will have laid us under still deeper obligations if he assist in giving practical effect to the doctrine that the body politic has almost as much benefit to derive from well-instructed medical advisers as the body physical, and that to "know one's self"—a knowledge which can never be complete without the physician's art—is as essential to the well-being of the nation as it is to that of the individual.

NEW ST. THOMAS'S HOSPITAL.

THE new hospital of St. Thomas is rising rapidly. More than 700 men are employed upon the works, and steam engines are put up in all directions to assist their efforts. Although the walls of the pavilions are all set in cement, and require both care and time to make them sufficiently solid to bear the weight imposed upon them, they have reached the middle of the first-floor ward. A similar progress has been made in the medical school buildings, in the offices and residences of those employed in the administration, and in the block devoted to the accommodation of the Nightingale nurses. We regret to hear that the staircases are about to be constructed of Portland stone—a substance too soft to withstand the wear and tear of traffic. At Netley Hospital the steps are already worn away, and it has been found necessary to replace them with a tread of iron. We believe a combination of wood and metal will be found to answer best, as may be seen at any of the stations of the Metropolitan Railway. Altogether, there is every prospect that the new hospital will surpass all others that have previously been built.

THE ARTISANS' DWELLINGS ACT.

THE Poplar District Board of Works have taken action under Mr. Torrens's Act. Two houses in Barr's-alley, Robin Hood-lane, were reported by the medical officer as being unfit for human occupation. They were visited by the surveyor, who describes them as having two rooms each; they are approached by a covered passage 20 ft. in length and 2 ft. 9 in. in width; the ground-floor of both is below the surface of the ground; the ceilings are about 6 ft. high; the bricks and plastering are decayed from damp, and the smell is offensive. The privy is in bad order, and the drainage defective. Houses and privy are devoid of water. There were a man, his wife, and four children in each house. The landlord thought the houses good enough for the occupants. The Board passed a resolution ordering the landlord to demolish the houses within a period of three months.

APPRECIATION OF PROFESSIONAL MERIT.

DR. JAMES CLARK, of Chasetown, Staffordshire, who has been for more than five years the medical officer of the Cannock Chase Colliery Works, has lately received a gratifying proof of the appreciation in which he is held by the working men with whom he is brought in contact. Upwards of 2000 of these workmen have voluntarily raised a sum sufficient to purchase an exceedingly handsome marble timepiece and a valuable centre-piece, and these were presented to Dr. Clark at a public meeting on Thursday week, presided over by the vicar of the parish, who warmly endorsed the good opinion so substantially expressed by his parishioners. Both testimonials bear the following inscription:—

"Presented to James Clark, M.D., by the miners and workmen of the Cannock Chase Colliery, Staffordshire, as a testimony of their high appreciation of his professional skill, and his uniform attention and kindness as their field surgeon."

We learn from the *Staffordshire Advertiser* that the committee of working men who started and carried this matter to a successful issue, declined, on behalf of themselves and their fellow-workmen, to receive any subscription other than those raised among themselves. We congratulate Dr. Clark as the recipient of one of the most gratifying marks of confidence and esteem which we have ever had to record; but we equally congratulate the working men of the Chase on their intelligent appreciation of professional worth.

THE VACCINATION ACT IN BIRMINGHAM.

THE Vaccination Committee of the Birmingham Board of Guardians have recently presented a report, in which they recommend the appointment of one public vaccinator for the whole parish, instead of allowing the district medical officers to perform the vaccinations as at present. It seems that many irregularities and improper practices have crept into the present system, which the new appointment is expected to correct. The town will be divided into four districts; a suitable station will be provided in each; and the public vaccinator will attend at each district once a week. He will receive the minimum allowance of 1*s.* 6*d.* per case, and it is calculated that his income will reach £400 per annum. The number of vaccinations for the past year was 5168, yielding a sum of £387 12*s.* The report further recommends that the public vaccinator should have no other professional duties. The Board have adopted the report, and have arranged for the new scheme to come into operation in March next, when the vaccination contracts of the present medical officers will terminate.

MEDICAL LIFE IN THE NAVY.

UNDER the above title, Dr. W. Stables, an assistant-surgeon of the Royal Navy, has written a small book, with the laudable object of giving his younger medical brethren and the public at large an idea of the life a medical man passes in the service. When Dr. Stables, who hails from the far north, has got through his first thirty pages of leave-taking, the examination at Somerset House, &c., and actually enters upon his duties at Haslar Hospital, his account becomes interesting, and his life there appears to have been far from unpleasant. His voyage to the Cape of Good Hope as a supernumerary on board a "saucy frigate" was not so pleasant, simply because, being only a passenger, he had no cabin; but the sketch he gives of the surgeon making his way to the sick-bay among the delights of the lower deck at the crew's washing-time is true to the life.

Dr. Stables was appointed to a gunboat, and had to rough it in her pretty severely. These disagreeables appear, however, as is usually the case, to have been more than made up by the constant change of scene, the stirring adventure, and the easy discipline which he experienced in his small craft. He of course met with a few unpleasantnesses; among others, a commander who fancied he knew more about the sick than the doctor; but he allows that such men are exceptional, and states plainly, in answer to the question, "Does the combatant officer treat the medical officer with respect?"—"Certainly, unless one or other of the two be a snob: in the one case the respect is not worth having; in the other it can't be expected."

Dr. Stables has devoted his last chapter to the questions of shaving and of flogging. We quite agree with him as to the hardships of those who suffer from either infliction; and we believe the health of the navy, to say nothing of its comfort, might be improved by allowing the provision of nature against sudden changes of climate to remain untouched. The question of flogging in the navy is a difficult one, since it is hardly advisable to deprive a captain of a summary method of punishment when prison-confinement is unattainable. Our author becomes sentimental on the subject of flogging boys, and would have thought "that even the rough bo'swain's mate would have hesitated to disfigure skin so white and tender"—a consideration which does not weigh, we believe, with the head-masters of our public schools! We may remind our readers that in the early part of 1866 the Admiralty displaced the cat for the birch-rod in the case of boys, and limited the strokes to twenty-four; so the tale is somewhat out of date.

It is satisfactory to find Dr. Stables stating that "with a moderate wine-bill the assistant-surgeon may save about four shillings or more a day;" and that after five years' experience of the navy he is able to say—"To a man who has neither wife nor riches, it is, I daresay, as good a way of spending life as any other; and I do think that there are but few old surgeons who, on looking back to the life they have led in the navy, would not say of that service—'With all thy faults, I love thee still.'"

FREE HOSPITALS FOR THE SICK AND AGED IN IRELAND.

THE *Spectator* ventures to suggest, declaring at the same time that it makes the suggestion without any authority or special knowledge, that the only scheme of appropriation of the Irish Church revenues which will meet the principal objections that can be raised against it, and obtain the approval of the Roman Catholic prelates, is that of giving the tithe, as it drops in, to the guardians of the poor, to be employed by them in lightening the poor-rate, or in maintaining new institutions for the public benefit, say, for example, the establishment of free hospitals for the aged and the sick. In this way the objection to the secularisation of the ecclesiastical revenue would be overcome, the tithe being originally assigned for the maintenance of the Church *and the poor*. We do not pretend to any superior political wisdom or acumen; the establishment of free hospitals may be only a chimerical assumption in the mind of our respected contemporary which is never to be realised. The idea, however, appears to us in its medical aspect worthy of being entertained. The poor-rates would be greatly relieved, and the sick and aged, being proper objects of national care, would be provided for. As the Originator of the Christian religion, and the object of worship in all Christian communities, delighted to symbolise His mission and conduct on earth by the title of physician, so the main work of His life was amongst the sick and destitute. Hospitals, and the care of the sick and aged, are the special products of Christianity.

SCIENTIFIC CONGRESS OF FRANCE.

THIS Congress is held biennially in some town of France; it is exclusively confined to the provinces, and has for a series of years been very successful. This year the meeting is to take place at Montpelier, and a very attractive prospectus has been issued. The subjects of the papers and discussions will bear upon archæology, geology, natural history, medicine, &c.; the

medical questions to be submitted to the Congress being no less than thirty-five, and referring to the whole range of our science, especially to hygiene. The first meeting will take place on Dec. 1st.

BALLAST-FEVER.

AMONG the many ills to which nautical humanity is heir may be included the sicknesses that originate from the present system of ballasting merchant ships. A visit to the clumsy barges that navigate the Thames to furnish ballast for vessels proceeding outwards, will show what manner of stuff is accumulated to form the necessary "makeweight," when cargoes are not forthcoming. In London, and most other ports at home and abroad, the banks of the rivers, polluted by sewage, and reeking with animal and vegetable abominations of all descriptions, are scraped and digged to furnish the quota of ballast required. For the first few days of the passage all goes well; but as the temperature of the hold rises, and the bilge-water washes over the filthy mass, foul emanations arise from below, are blown into the forecastle, and make the condition of this habitation akin to that of a house built over a drain or cesspool. The crew sicken, as well they may, and they continue to sicken to the end of the passage, because then, and not until then, can they get rid of the exciting cause. This is an evil directly fostered by legislative action, for if the master of a vessel, anxious for the safety of that vessel, and therefore careful as to the health of his crew, loads her with boulders from the rocky shore, or with shingle from the beach, he is, on arrival at all British and at many foreign ports, charged with dues, because, according to law, he is freighted with a marketable article. It is proper that the subject should be thoroughly ventilated by the proper authorities. Much has lately been done in the matter of nautical hygiene, and there is no doubt that the Board of Trade are fully alive to the importance of thus assisting to ensure the safety of our ships at sea. But it must be remembered that hygienic enactments are valueless when the very wind that is speeding the mariner swiftly to his destination wafts into his dwelling-place at the same time emanations laden with pestilence and death.

APPOINTMENT OF A MEDICAL OFFICER OF HEALTH AT WEST BROMWICH.

THE West Bromwich Commissioners have appointed a Medical Officer of Health for their district, at the paltry salary however of £50 per annum, and the choice has happily fallen on Mr. W. J. Kite. Wednesbury, which is included in the West Bromwich registration, has had an able officer of health for some time. Up to the present the West Bromwich authorities have contented themselves with calling in professional assistance occasionally. They were on such occasions always well advised, but we hope for more decided results from the constant attention of a permanent officer. The rate of mortality in West Bromwich has not of late been high; in the decennial periods 1841 to 1850, and 1851 to 1860, it was 23 and 24 per 1000 respectively. In the five years 1861 to 1865 it was 22, and for the last two years it was only 20. During the last quarter of the present year the deaths have, however, increased considerably, and diarrhœa has been prevalent. The population of the parish of West Bromwich is between forty and fifty thousand. Birmingham, the chief town in the midland district, with seven times the population, still lags behind in the good work of sanitary reform.

MR. LOWE AND THE UNIVERSITY OF LONDON.

THE following circular, signed by the chairman and secretaries, has been sent to the members of Mr. Lowe's committee:—

"Mr. Lowe is now the only candidate for the representation of the University of London in Parliament. Although a contest would have shown a large majority in his favour, his unopposed return will be still more honourable to him, and satisfactory to his supporters.

"At the election, notice of which you will receive from the Vice-Chancellor, Mr. Lowe and his proposer and seconder will conform to the recommendations of the Annual Committee. There will, therefore, be no speeches on his being proposed, but he will speak when the Vice-Chancellor has declared the result. The presence at the election of as many of the members of the Committee as can conveniently attend would, we think, be a fitting mark of respect to Mr. Lowe.

"The Executive Committee have not thought it needful to summon a meeting of the General Committee at the present time, when so few of its members could attend, and when the success of its labours leaves nothing to be done. We congratulate you on the result of the contest."

DEATHS AMONG THE PROFESSION IN DUBLIN.

DEATH has been busy in the ranks of our profession in Dublin within the past week. Hardy, Gregory, and Stronge! Three names familiar as household words, and representing three several walks in the profession: Hardy, the able accoucheur, well known by his writings to all students in obstetric literature; Gregory, skilled in psychological disease; and Stronge, the recently appointed surgeon to the Meath Hospital. The first of these died from the rupture of an abdominal aneurism; the second from gastric hæmorrhage dependent upon diseased liver; the third from typhus, most probably contracted in the wards of the hospital of which he was the surgeon. All were in the very prime of life.

SPEAR VERSUS DOIDGE.

WE regret to find that the Court of Queen's Bench refused to grant a new trial in the cause of Spear *v.* Doidge, to which we referred last week, on the grounds that the case was eminently one for a jury, and that the Judge who tried it was not dissatisfied with the verdict. As all hope of legal relief to our professional brother is therefore at an end, it only remains for those who sympathise with him in his trouble to express that feeling by assisting him in bearing the heavy expense to which he has been put; and any subscriptions which may be forwarded to us with this object shall be duly acknowledged in the columns of THE LANCET.

SMALL-POX is prevalent in Manaton, one of the districts of the Newton Abbot union; and as the medical officer, Dr. Haydon, advised that revaccination was necessary to check the progress of the disease, the guardians have offered him two-thirds of his original fees in all such cases, and have appointed a person specially to enforce the Act.

THE *Western Morning News*, adverting to the quarantine regulations at Plymouth, remarks that if a ship with contagious disease on board arrives in the Sound, she must either anchor at Cattewater, or be sent round the Land's End to Milford Haven, in compliance with regulations made forty years ago, although Cattewater has since become a crowded anchorage. The *News* therefore suggests that Plymouth should have its "Motherbank," where infected vessels might lie, in substitution for Cattewater, which is ill-suited for the purpose.

WE understand that Miss Veitch, who was recently in charge of some of the wards at King's College Hospital, has been appointed superintendent of nurses at St. George's Hospital, with a view to the better instruction and training of nurses.

MR. J. NETTEN RADCLIFFE and Dr. Green are, we believe, candidates for the vacant post of medical officer of health for the parish of St. Pancras. Dr. Green is acting as officer of health for the time being, having been appointed *locum tenens* or Dr. Hillier during the illness of that lamented physician.

AN increase of the salary of Dr. Parker, the medical officer of health for Bermondsey, from £130 to £160 per annum (dating from July last), has been voted unanimously by the vestry of the parish.

THE Epidemiological Society will henceforth meet on the second Wednesday in each month, from November to June inclusive, at the rooms of the Medical Society of London, instead of at Soho-square, as heretofore.

THE latest advices from Bombay are to the effect that cholera, of which several virulent cases had occurred, has almost disappeared. Prompt and thorough attention was given to the matter by the municipal and sanitary authorities.

DR. ROLSTON has been elected Mayor of Devonport for the present year.

AT the quarterly meeting of the Belfast Branch of the Royal Medical Benevolent Society of Ireland, held on the 4th inst., it was stated that the total sum for distribution this year was £807, and the total number of applicants for relief was eighty-one, amongst whom were twelve medical practitioners themselves, who from various unforeseen and unavoidable causes were thrown upon the bounty of the Society. The largest sums granted did not exceed £25, and these only in five instances, the majority of grants ranging from £4 to £15 each.

THE following gentlemen have been elected office-bearers of the Glasgow University Medical Society for the present session:—Honorary President: Prof. Leishman. President: Mr. J. Coates. Senior Vice-President: Mr. J. B. Taylor. Junior Vice-President: Mr. J. S. Aikman. Corresponding Secretary: Mr. Jas. Adamson. Minute Secretary: Mr. W. S. Anderson. Members of Committee: Messrs. T. B. Henderson, J. H. Lilly, D. Leckie, Sneddon, A. Lang, and J. D. Walker.

AT the annual meeting of the Greenock Medical Society, held on the 2nd inst., the following gentlemen were elected office-bearers for the ensuing session:—President: Dr. Richmond. Vice-President: Dr. Wallace. Secretary: Dr. Marshall. Treasurer: Dr. Whiteford. Librarian: Dr. Aitken.

THE Professor of Botany in the University of Pennsylvania, Dr. Horatio Wood, as the result of an examination into the truth of the asserted production of general diseases by organised entities, has denied the accuracy of the observations made by Dr. Salisbury as to the presence of vegetable organisms in the blood and secretions of patients affected by rheumatism, syphilis, and other diseases. Dr. Wood has been unable to detect many of them, and he argues with regard to others that their coincidence with disease does not imply cause and effect. An account of these observations will be found in the current number of the *American Journal of Medical Sciences*.

THE *Belfast News Letter* understands, what is true enough, that a Royal Commission on Public Health is about to be issued. Without any disrespect to the gentleman referred to, we shall venture to hope and believe that our contemporary is misinformed when it goes on to say that "our member, Sir Charles Lanyon, has been nominated by the Government as the Irish representative on the Commission." A working Commission of men practically acquainted with hygiene and all that it implies, is capable of coming to conclusions that may serve as a basis for sound legislation; an *ornamental* Commission merely would be an absurdity.

THE death of Mr. William Marsden, M.R.C.S., of Skipton, at the ripe age of seventy-one years, has elicited the deepest feelings of regret throughout the district with which he has been so long connected. The funeral was attended by a large number of gentry, clergy, and tradesmen of the neighbourhood, and places of business were generally closed, out of respect for the deceased.

THE PHARMACY ACT OF 1868.

THIS Act, which received the Royal assent on the last day of last session of Parliament (July 31st), establishes new and important regulations respecting the sale of poisons, and the practice of pharmacy. Its operation is confined to Great Britain, Ireland being specially exempted; and most of its provisions take effect from the 1st of January, 1869. There appears to have been some misunderstanding as to the extent to which it came into operation immediately on its passing; and discrepant statements having been published relating to this point, we have endeavoured to obtain opinions and information that shall enable us to explain, if not to clear up, any doubts that may be entertained on the subject.

There are two principal objects which appear to have been contemplated in framing the Act—namely:

1. To restrict the sale and dispensing of poisons to men who are qualified to deal in such dangerous articles.

2. To cause certain prescribed regulations, relating to the keeping, selling, and dispensing of poisons, to be observed by those who are legally authorised to deal in them.

The term "poison" is defined in the Act by reference to a schedule containing a list of the most important and dangerous poisonous substances; which list is divided into two parts, as follows:—

PART I.

Arsenic and its preparations.
Prussic acid.
Cyanides of potassium, and all metallic cyanides.
Strychnine, and all poisonous vegetable alkaloids and their salts.
Aconite and its preparations.
Emetic tartar.
Corrosive sublimate.
Cantharides.
Savin and its oil.
Ergot of rye and its preparations.

PART II.

Oxalic acid.
Chloroform.
Belladonna and its preparations.
Essential oil of almonds, unless deprived of its prussic acid.
Opium, and all preparations of opium or of poppies.

With reference to the first of the objects contemplated in the Act, it is provided that all those who at any time before the passing of the Act have been engaged in business on their own account, as chemists and druggists, in dispensing medicines from the prescriptions of duly qualified medical practitioners, and assistants and associates of the Pharmaceutical Society who have been registered under the Pharmacy Act of 1852, may be registered under this Act as chemists and druggists; and these, together with pharmaceutical chemists, and those who in future, after passing the prescribed examinations of the Pharmaceutical Society, may be added to the registers, will be authorised to sell and dispense poisons.

The 16th clause provides that nothing contained in the Act shall extend to, or interfere with, the business of any legally qualified apothecary, or of any member of the Royal College of Veterinary Surgeons of Great Britain, as far as relates to the power of retailing and dispensing poisons; nor shall extend to the making and dealing in patent medicines, nor to the power

of wholesale dealers to supply poisons in the ordinary course of wholesale dealing.

The provisions of the Act relating to the legal authority to sell and dispense poisons will come into operation on the 1st of January, 1869, on and after which day any person other than a duly registered chemist and druggist, or a pharmaceutical chemist, or a legally qualified apothecary, or a member of the Royal College of Veterinary Surgeons of Great Britain, who shall retail or dispense poisons, will be subject, on summary conviction, to a penalty of £5. The same penalty also applies to any person who shall take, use, or exhibit the name or title of chemist and druggist, or chemist or druggist, not being a duly registered pharmaceutical chemist or chemist and druggist; or who shall take, use, or exhibit the name or title of pharmaceutical chemist, or pharmaceutist, or pharmacist, not being a pharmaceutical chemist.

It thus appears that the Act, if strictly interpreted, prohibits the retailing and dispensing of poisons by medical practitioners in open shops if they be not legally qualified apothecaries; and it is obvious that the restriction applies even to the supplying of medicines by a medical man to his patients, if a specific charge be made for them. There are many general practitioners who, without a licence from the Apothecaries' Company, have been in the habit of supplying medicines to their patients, and hitherto there has been no law to prohibit them from doing so. There is also the class of licentiates of the College of Physicians, who have received from the College authority to dispense medicines to their own patients. These men may be deprived of the power of conducting their practice as heretofore, and they will naturally feel this to be a hardship. In Scotland the case is even stronger, for there are no apothecaries there, the general practitioner being a surgeon who supplies his own medicines. A meeting has already been held in Edinburgh on this subject, and a strong protest expressed against the oppressiveness of this part of the Act, which it is quite obvious must either remain a dead letter or be speedily amended.

With reference to the second of the principal objects contemplated in the Act, some difference of opinion, to which we have already alluded, exists, as to whether the prescribed regulations relating to the keeping, dispensing, and selling of poisons came into force immediately after the passing of the Act, or whether they were intended to take effect with those parts relating to the other objects we have referred to, on the 1st January next. The latter opinion has been generally entertained, and we have before us a paper that has been circulated by the Pharmaceutical Society which recognises this view of the subject. It is founded upon a statement in the 15th clause, that "from and after the 31st of December, 1868, any person who shall fail to conform with any regulation as to the keeping or selling of poisons, made in pursuance of this Act," shall be subject to a penalty of £5, &c. Good legal authorities, however, say that this relates to regulations that may hereafter be made by the Pharmaceutical Society with the concurrence of the Privy Council; while the 17th clause, in which the existing regulations are referred to, places no such limitation to the operation of the law, but says "it shall be unlawful," &c. We therefore incline to the opinion that this part of the Act is now in force, as stated by Mr. Flowers, the police magistrate, at Bow-street.

The regulations required to be adopted in selling by retail any poisons depend upon whether they be contained in the first or second part of the schedule. If they be in the second part of the schedule, it is only required, in selling them, that they be distinctly labeled with the name of the article and the word "poison," and with the name and address of the seller of the poison. If they be in the first part of the schedule, in addition to the foregoing regulation, it is required that the purchaser shall either be known to the seller, or that he shall be introduced by some person who is known to the seller, and that the seller shall make or cause to be made an entry, in a book to be kept for that purpose, of the date of the sale, the name and address of the purchaser, the name and quantity of the article sold, and the purpose for which it is stated by the purchaser to be required, to which entry the signatures of the purchaser and of the person (if any) who introduced him shall be affixed. Any infringement of these regulations subjects the seller to a penalty of five pounds for a first offence, and to ten pounds for a second or any subsequent offence. But these provisions of the Act do not apply to wholesale dealings, excepting as regards the labeling of the articles; nor do "any of the provisions of this section apply to any medicine supplied by a legally qualified apothecary to his patient, nor apply to any article when forming part of the ingredients of any medicine dispensed by a person registered under this Act, provided such medicine be labeled in the manner aforesaid with the name and address of the seller, and the ingredients thereof be entered, with the name of the person to whom it is sold or delivered, in a book to be kept by the seller for that purpose; and nothing in this Act contained shall repeal or affect any of the provisions of an Act of the session holden in the fourteenth and fifteenth years in the reign of her present Majesty, intituled 'An Act to Regulate the Sale of Arsenic.'"

In addition to the foregoing principal objects of the measure provision is made for effecting some subsidiary objects.

The 15th clause imposes a penalty of £5 upon any person who, after the 31st of December, 1868, "shall compound any medicines of the British Pharmacopœia except according to the formularies of the said Pharmacopœia."

The 24th clause makes the provisions of the "Act for Preventing the Adulteration of Articles of Food and Drink" to extend to all articles usually taken or sold as medicines, "and every adulteration of any such article shall be deemed an admixture injurious to health; and any person registered under this Act who sells any such article adulterated shall, unless the contrary be proved, be deemed to have knowledge of such adulteration."

The powers vested by the Pharmacy Act of 1852 in one of her Majesty's principal Secretaries of State are by this Act transferred to and vested in the Privy Council; and the Council of the Pharmaceutical Society may, with the sanction of the Privy Council, add any article or articles to those specified in the schedule of poisons, and may frame regulations for the keeping, dispensing, and selling of poisons, which will have the same authority as those specified in the Act.

Lastly, it is provided by the 23rd clause that "persons registered under the Medical Act shall not be, or continue to be, registered under this Act;" and by the 16th clause it is provided "that registration under this Act shall not entitle any person so registered to practise medicine or surgery, or any branch of medicine or surgery."

A SOLDIER'S LOCK-UP.

IN every soldiers' barrack there is, in the immediate neighbourhood of the guard-room, a "lock-up," in which drunken and disorderly men are confined until they are brought before the commanding officer for trial, and under the best arrangements it is of an objectionable character.

But at the Cambridge Barracks, Portsmouth, the evils reach their acme. Near the gateway leading from the street there is a strong door, locked and barred to prevent the prisoners' escape. On opening this there are a dozen stone steps, so steep as to be positively dangerous to a drunken man. At the bottom is a bare and gloomy cellar, 20 ft. long, 17 ft. wide, and only 9 ft. high. But the cubic space is seriously diminished by a huge wooden sleeping bench, which occupies a very considerable portion of the room, about three feet from the floor. The apartment is lighted in the daytime by two

windows, close to the ceiling, abutting on a small area below the level of the ground outside. They are about 18 inches high, and two or three feet long. The frames are fixed so as not to open, and guarded with strong iron bars. Air is admitted through small perforations in the panes of glass. There is no other means of ventilation, except a small opening near the ceiling, which apparently communicates with an extraction shaft. The floor is scarcely above the level of the sea, and its dampness is increased by the filthy habits of its drunken inmates.

If the sanitary conditions were as complete as in a barrack-room there would be space for only five men; but, as it is, the place must be emphatically pronounced unfit for human occupation, even for a single hour. But what shall we say when *sixty prisoners*, in every stage of drunkenness, have been confined the livelong night within its walls! With only 51 cubic feet per man, it would be impossible for them to live till morning only that they break the windows, and crowd around the openings to get the air BY TURNS. Nay, such is the struggle for existence that the prisoners have done their best to pull out the window-frames. One officer, however, inexorably performs his duty. The barrack-master immediately repairs the broken windows, and in one month the regiment now in occupation was called upon to pay £4 for the damage which was done.

But army engineering and army sanitation are theoretically perfect. Plans for new constructions are not left to the whims of local engineers, but are submitted to an officer of works; they must also be approved by the Army Medical Department, and checked by the Sanitary Commission, and even then it remains with the Minister of War to decide whether they shall be carried out or not. But in practice it is another thing, and there has been erected in the case before us a hole as bad as that of Calcutta, and that apparently within the last ten years. And why does its use continue for a day? Ever since its appropriation it has been denounced by the medical officers of nearly every regiment which has been quartered in the barracks. In the last medical report, it is stated "that the atmosphere of the lock-up room beneath the regimental guard-room is always impure and unwholesome, so much so that the prisoners are obliged to break the windows to obtain fresh air, and the commanding officer is respectfully requested to re-submit to the military authorities the unfitness of this room for the purposes to which it is applied." Such certificates have been endorsed over and over again by the superior medical officers of the district, and by various commanding officers of regiments. They have doubtless been forwarded to the Commander-in-Chief, to the Central Medical Department, to the Quartermaster-General's Department, to the Engineer's Department, and, it may be, to many other departments with which we are totally unacquainted. Some weak proposals have, indeed, been made in the annual barrack estimates to put in a grated door, but even this paltry effort to mitigate the evil has been struck out of the estimates, apparently by persons who have no knowledge of the case. For ourselves we cannot pretend to solve the difficulty. But we protest in the name of humanity against a system which permits such an intolerable evil, and fails to provide a remedy years after it has been pointed out.

INFORMATION FOR PARLIAMENTARY ELECTORS OF THE SCOTTISH UNIVERSITIES.

THE Parliamentary election has been proclaimed by the Vice-Chancellor, and votes can now be signed and forwarded to the Central Committee in Edinburgh and Glasgow. A form of voting paper will be forwarded to each and every elector, which must be signed and attested before a Justice of the Peace of his own county with whom he is personally acquainted. A formal introduction at the time of signing will suffice; and it is as well to remind those interested that all police magistrates are Justices of the Peace, and have jurisdiction throughout the entire metropolitan district.

We have been informed that as regards the contest for the Universities of Edinburgh and St. Andrews, Dr. Lyon Playfair will be proposed by Professor Syme, and seconded by the very Rev. Principal Tulloch, of St. Andrews; and that Mr. Swinton will be proposed by Sir John McNeill, and seconded by Professor Shairp. We are also informed that special facilities will be given by the committee of Dr. Lyon Playfair in London for the attestation of votes by electors, and that all information in connexion therewith will be duly advertised, and can be obtained on application to the Secretary of the Committee, at 5, Curzon-street, Mayfair, W.

THE EPIDEMIC AT NORTH SHIELDS.

IT is said that the epidemic is subsiding, and that its subsidence coincides with the discovery and the stoppage of a wholesale contamination of the water-supply at Preston. We cannot answer for the accuracy of these statements. Whatever be the truth of them, evidence accumulates of the imperfect quantity of the water-supply of the town. It is certain that some very bad cases still continue, and that others have terminated fatally since our last report. Other facts are noticed which tend to confirm the bad opinion of the water itself. Amongst these is the circumstance that Camp-terrace remains free from the disease; though in the affected part of the town it has a special water-supply from wells. Mr. Hawksley, at the instigation of the Town Council, has inspected the water-supply, and his report is anxiously looked for. A more serious affair for the consideration of North Shields people than this outbreak of disease cannot be imagined.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 7th inst. I have read with great pleasure and considerable interest a letter from Dr. Morris, of Spalding, and the editorial observations which you have been good enough to make in recommendation of the line of conduct which the Fellows and Members of the Royal College of Surgeons of England should pursue in order to obtain the long-called-for reform in the ordinary proceedings of their distinguished representatives in the Council of that College.

To the letter of Dr. Morris and to the recommendations in question I have given my best consideration; and I am of opinion that the time has not yet arrived for taking action in the matter, and particularly in the manner so forcibly and ably advocated by both writers on the subject.

In the first place, I venture to suggest that a communication be addressed to every Fellow of the College, embodying the grievances and indignities of which so many justly complain, and requesting them to furnish to two or more honorary secretaries the distinct and definite subjects of reform which they may wish to see introduced into the governing body of the College.

The grievances Nos. 1, 2, and 3, as detailed in Dr. Morris's letter, supplemented, as I hope they will be, by many other Fellows of the College, constitute a good foundation for future proceedings in the direction of reform.

Having first elicited from the general body of Fellows an opinion favourable to the course proposed for the redress of our wrongs, then I would submit that a communication be addressed to the Council, apprising that body of the result, and courteously calling upon them to accede to the wishes and requirements of the majority of their constituents.

There is one great, aye, cardinal element of change required in the constitution of the Council of the College, to which Dr. Morris makes no reference. I allude to the Examining Board of that body, which, as at present composed, neither commands the respect of the public nor the confidence of the profession. In my opinion the Fellows ought to insist on the separation of examiners from the Council. According to my views, and those of many others with whom I have conversed and corresponded on the subject, the true or legitimate doctrine which should prevail is, that examiners ought to be *officers*, not the *masters*, of the College; and an examiner ought no more to be entitled to vote for his own re-appointment, or on any question concerning his duties and *emoluments*, than the secretary, librarian, beadle, and porter would be entitled.

Practically, the Fellows of the College have a remedy in their own hands wherewith to redress their grievances, and by having recourse to its adoption at the next two or three July elections they have the power of introducing into the Council of the College any amount and kind of reform which they may conceive most conducive to the general and permanent welfare of that institution.

I am, Sir, your obedient servant,

Southampton, Nov. 10th, 1868. JOHN WIBLIN.

THE ROYAL MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—The letters which have recently appeared in your columns about the education at Epsom College, contain very thinly veiled imputations upon the efficiency of those who are charged with the arrangement and carrying out of the studies. In plain English, the failure of certain pupils at the "preliminary examination" is thrown back upon the masters, and an investigation is demanded to set the matter to rights. What view the head master and his coadjutors may take of this proposal it is no business of mine to inquire; but as one who has known the school from its foundation, and who has had ample opportunities of forming a judgment as to the plan of education which is pursued in it, I think that I am entitled to be heard. When, moreover, I add that I am not a medical man, and that no one connected with the College will know anything about the contents of this letter until they see it in print, I shall have said enough to convince you that I am at least an unbiased witness.

Of Dr. Thornton, and his ability as a teacher of youth, it seems superfluous to speak. The school is simply his own creation, the outgrowth of untiring work and energy. In the hands of a less gifted man it would scarcely have attained a respectable mediocrity; for when the Council give their minds to favour dunces and idlers, and frown down all suggestion of the cane or expulsion, it certainly does become a little difficult to secure anything like satisfactory discipline or progress. But though the head master has been denied privileges which are commonly accorded to ushers in a private school, it cannot be seriously gainsaid that the pupils have attained a high state of proficiency in their various studies, and that, so far as the test of experience has as yet been applied, their success after removal from the school has fully justified their sound and careful training.

But Natural Science is not properly taught—so your correspondent grumbles. No, of course it is not; and without a laboratory, and other appliances, I do not understand how the feat is to be accomplished. But I know that, immediately after his appointment, Dr. Thornton petitioned for the necessary means for carrying on this branch of education; and I further know that the scientific bias of his mind, joined to varied and extensive study, would make him a singularly happy instructor. Up to the period of my last visit to Epsom, in the spring of this year, his frequent appeals had been in vain. But has nothing been done? Yes. A few years ago a gentleman was appointed by the Council—contrary to the bye-law which gives appointments of this sort to the head-master—to lecture on Natural Science once a week. He is not a tutor, be it observed, but merely a lecturer, and therefore it is easy to guess what progress an idle or listless boy would make under such supervision.

This ought to be a sufficient answer to your correspondent; but I must add a word more. Able as I am to testify to the anxiety with which Dr. Thornton has for many years been looking forward to the day when his suggestion as to a laboratory and apparatus should be favourably received by the Council as the necessary condition of successful teaching, and convinced as I am that he would be the last man to desire to see Natural Science omitted from the scheme of education at the College, I would beg to suggest a question or two to your correspondents, and any one else who may be inclined to answer them. Does the Council aid or hamper the head-master in his work? Do they attend to his reasonable suggestions as regards discipline, improvement of the holidays, and so on? And, lastly, do they offer adequate salaries to their masters?

I am, Sir, your obedient servant,

Nov. 4th, 1868. CANTAB.

THE POOR-LAW MEDICAL SERVICE AND CANDIDATES FOR PARLIAMENT.

To the Editor of THE LANCET.

SIR,—The enclosed form of letter has been forwarded to every member of the Poor-law Medical Officers' Association, with an earnest request that he would at once transmit it to any candidate for a seat in Parliament for the county or borough in which he may reside.

Although our members are to be found in every county in England and Wales, I have, on the part of the Council, to request that you will kindly insert it in THE LANCET of this week, so that Poor-law medical officers who have not joined us may adopt a similar form of letter in their application to candidates. I am, Sir, yours obediently,

JOSEPH ROGERS,

33, Dean-street, Soho, Nov. 11th, 1868. President of the Association.

November 7th, 1868.

SIR,—The grievances of the Poor-law medical officers of England and Wales, upwards of 3000 in number, and having charge of more than a million and a half of poor sick persons annually, being universally acknowledged, I am requested by the Council of the Poor-law Medical Officers' Association to inquire of you whether, in the event of your being returned to Parliament,—

1. You will endeavour to amend the constitution of the Poor-law Board by securing the appointment thereto of medical and other members, competent to devise and carry out a uniform and efficient system of medical relief to the sick poor?

2. Whether you will support any well-devised measure that may be brought forward in Parliament to obtain justice for the medical officers, and adequate remuneration for their services?

Requesting the favour of an early reply,

I am, Sir, yours obediently,

———, Esq. ———

MEDICAL REPRESENTATION IN PARLIAMENT.

A MEETING of the medical profession was held in the Molesworth Lecture Hall, Dublin, on Tuesday, to discuss the above subject. It was most numerously attended.

Dr. Lyons having been voted to the chair, it was proposed by Dr. R. McDonnell, F.R.S., and seconded by Dr. Hynes—"That in the opinion of this meeting it is in the highest degree desirable, on public as well as professional grounds, that a medical man of eminence, as representative of the medical profession, should be returned to the new Parliament."

Professor Hayden moved, and Dr. Ashe, of Warrenpoint, seconded the next resolution—"That this meeting has learned with great regret that the Council of the Irish Medical Association, a body for years professing its anxiety to establish professional representation in Parliament, has declined to act on the present occasion, when the opportunity presents itself of promoting the return of a medical candidate."

It was next moved by Dr. O'Meara, of Carlow, and seconded by Dr. Cruise—"That this meeting is of opinion that it is most desirable to take immediate steps to secure the return of a representative of the medical profession in Ireland."

Sir D. Corrigan was then called on by the Chairman, and made a lengthened speech, detailing his opinions on nearly every question of medical politics.

It was then moved by Dr. Fitzpatrick, and seconded by Dr. Byrne—"That this meeting, having heard the exposition of Sir D. Corrigan's views, pledges itself to use its best exertions to secure his return."

Dr. Mapother next proposed and Dr. Davys seconded a resolution to the effect "That this meeting is of opinion that the best course to obtain superannuation for medical officers is by the introduction of a special Bill for that purpose, as suggested by Sir D. Corrigan in his address to the profession."

The last resolution was as follows—"That the cordial thanks of this meeting be given to the country medical practitioners, who have so well supported the cause of the representation of our profession in Parliament by their liberal subscriptions."

Dr. Hynes, Vice-President of the Irish Medical Association, having been called to the second chair, the proceedings terminated.

NURSING AT THE HERBERT HOSPITAL.

THE Secretary of State for War has given orders that the female nurses at the Herbert Hospital shall undergo a course of training in association with those at St. Thomas's Hospital supported by the Nightingale Fund. We may hope that this will eventually lead to an entire revision of the nursing system, which, as now conducted at the hospital in question, is in a most unsatisfactory state.

There are at present only five female nurses on the general staff, the lady-superintendent having recently resigned. These nurses only take charge of certain wards, and of these only during a portion of the day. Thus they attend from 7 to 8 A.M., when they leave for breakfast. They return at 8.30, and remain till 1 P.M., the dinner hour. After this they again take charge of the patients from 2 to 3 o'clock, when they all go out for recreation until 6. They then remain in the wards until 7.45, and afterwards retire altogether for the night. During their absence in the day-time the patients are left entirely to themselves, an arrangement which ought to be remedied at once, and doubtless would be if these nurses were under the control either of the governor or principal medical officer, as they ought assuredly to be. During the whole of the night the patients are left in charge of a ward-master and three male night attendants.

These men have been employed all day under the purveyor's orders; they have received no special training as nurses, and eighteen out of fifty have been taken from the ranks, from which the commanding officers rarely spare the best men. The night attendants are under the orders of a ward-master, who pays them a visit three times in the night, and directs them in the discharge of their duties. They take charge of the patients for three hours each by turn. They are supposed to do the necessary nursing, to render assistance when required, and to administer the various remedies ordered. But the arrangement frequently miscarries. The men are tired with their day's work, and are prone to go to sleep. No directions are given in writing, except in special cases, and no record of duty done is kept. The man in charge does not necessarily know what his predecessor has done, and there is no one who can give a satisfactory history of how any particular patient passed the night. Cases of serious neglect have occasionally occurred, and even the stimulants intended for the patients have been misapplied. To obviate these evils it has been customary for the medical officers to ask by requisition for a special service in cases of peculiar gravity. In this case the governor is not always able to provide a person having the necessary experience, and has been obliged to send to the barracks for a comrade or two to watch in turn, an arrangement obviously not calculated to meet the case. A system of nursing, to be good for anything, should take charge of the wards during every hour both of the day and night, and should be directly amenable to the medical authority. But in the women's infectious ward, the most extraordinary anomaly appears. Here there are two patients in the charge of a soldier's wife, who has no pretension to any special nursing capacity, and is not provided with the nursing dress. She is engaged to attend the patients day and night, and sleeps in the ward. One of the patients was admitted with severe scarlatina a few days back, and the other came in with small-pox more than a year ago. Of course the latter has long been cured, but as there is anchylosis of her joints, she is most unaccountably retained to be exposed to the contagion of her neighbour. We have hitherto innocently supposed that a governor would have power to govern, but it is clear that we are wrong, since we learn with astonishment that he is powerless to discharge a patient even to save her from the risk of infection to which, not having had scarlatina, she is peculiarly liable.

THE COLLEGE OF SURGEONS.

AT the meeting of the Council of the College of Surgeons on Thursday last, the letter from Dr. Morris, of Spalding (upon which we commented last week) was read, and received exactly as we anticipated. A majority of the Council believe that they are right in refusing to allow the Fellows to enter upon any discussion on the day of election of Councillors, or to favour such discussion at any other time within the College walls. Under these circumstances it only remains, as we said last week, to ascertain what is the legal bearing of the case, and if the present charter is found to be ineffective, to agitate for a new one.

On the same occasion the proposal to simplify the formation of bye-laws was negatived; and the motion to take down the names of those voting in the Council was carried. Unfortunately, immediately on this an amendment to the effect that the names should not be recorded on every occasion, but only when two members of Council demand it, does away with much of the good intended, and, like most of the College legislation, is a *reductio ad absurdum*.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 5th:—

Boutflower, Andrew, Strangeways, Manchester.
Bulmer, Thomas Sanderson, Hackney.
Little, William, Eye, near Peterborough.

THE EDINBURGH UNIVERSITY CLUB.—The quarterly dinner of this Club was held on the 11th inst., in St. James's Hall. Sir William Fergusson, Bart., occupied the chair, supported by Dr. Graham Balfour, F.R.S., and Dr. Sieveking as croupier. There were present thirty-nine members and twenty-four guests. Mr. Campbell Swinton, Dr. Richardson, F.R.S., and Dr. Prosser James, were amongst the company, as invited guests of the Council. Professor Playfair was unfortunately unable to leave the duties of his chair in Edinburgh.

MESSRS. BELL & Co., the owners of the Washington Chemical Works, have been convicted by the Gateshead magistrates for pollution of the river Wear by discharging into it the liquid from their works.

A MOTION at the last meeting of the Wrexham board of guardians to dispense with the services of the inspectors of nuisances was very properly rejected.

LORD HOUGHTON has consented to preside at the biennial festival of the Great Northern Hospital early in the spring. The new hospital buildings are now opened, but all the free beds cannot be occupied for want of funds.

HER MAJESTY THE QUEEN has given £100 towards the improvement of the river Cam, both for boat-racing and sanitary purposes.

AN important legal opinion was obtained last week to the effect that boards of works are not empowered to drain streets and charge the property owner with the costs, but the owners are bound to construct the necessary drains in accordance with the requirements of the boards.

THE distributors of Crane's Charity for the relief of sick scholars announce that they will meet at Clare College Lodge, Cambridge, on Tuesday next, for the purpose of considering and determining the claims of applicants for the benefit of the charity. Grants will be made on account of medicine, medical attendance, nursing, diet, and other necessaries in sickness; and the applications of scholars must be made by the tutors of their respective Colleges.

ARMY MEDICO-CHIRURGICAL SOCIETY, PORTSMOUTH. At the last meeting of this Society, Surgeon Perry, Royal Artillery, detailed two cases of empyema, in which paracentesis thoracis had been performed, by which an unusual amount of pus was evacuated, and subsequently discharged through the wound. There was a good attendance of civil and military medical men, and an animated discussion ensued.

THE SMOKE NUISANCE.—Messrs. Barclay and Perkins, the well-known brewers, have been summoned before the Southwark magistrates for contravention of the law respecting the consumption of smoke. A mitigated penalty was inflicted, as satisfactory assurance was given that the offence would not be repeated. Two other convictions were obtained at the same time against persons in the Southwark district.

DR. PARKER, the health officer for Bermondsey, reporting to the guardians an increase of scarlatina, typhus, and typhoid fever, states that in the course of an inspection of some houses where fever had occurred, he found that it had been introduced by a family lately returned from hop-picking

in Kent. This is by no means an unusual circumstance, Dr. Parker says; and he connects it with the disgraceful accommodation provided for hop pickers in the hop districts. In the case now under notice, he was informed that an old barn was the sole place appointed for the reception of about eighty persons,—men, women, and children.

THE LATE MR. SLYMAN MICHELL, F.R.C.S.E.—The governors of the Royal Cornwall Infirmary, Truro, passed the following resolution at the special meeting held on the 2nd instant:—"That the governors desire to express their sense of the great loss this institution has sustained by the lamented death of Mr. Slyman Michell, who had so long satisfactorily performed the duties of a Visiting Surgeon; and that a copy of this resolution be communicated to Mrs. Michell."

PROVINCIAL MEDICAL STUDENTS.—The annual return of the number of gentlemen pursuing their professional studies at the nine recognised provincial institutions has just been forwarded to the Government Inspector of Provincial Anatomical Schools, from which it appears that the total number amounts to 284, being an increase of 27 over those of last year, although one old establishment has disappeared from the former list, but is, however, replaced by another, viz., the Cambridge University School. From this return it appears that the Birmingham Royal School of Medicine takes the lead with 72 pupils, and is followed by the Manchester Royal School of Medicine and Surgery with 63, Leeds 32, Liverpool 30, Newcastle-upon-Tyne 27, Bristol 20, Cambridge 17, Sheffield 13, and Hull 10, making a total of 284.

Obituary.

THOMAS HILLIER, M.D., F.R.C.P.

IT is with most mournful feelings that we record the loss of a professional brother whose worth, both as a physician and as a high-minded Christian gentleman, was of no common kind. Seldom, indeed, can it have fallen to the lot of a journalist to tell so sad a story. The untimely death of Dr. Thomas Hillier, at the age of thirty-seven, was attended with such pathetic circumstances as must be deeply affecting even to those who knew least of him; to his friends it comes with an overwhelming shock.

Dr. Hillier was born at Newmarket, in Gloucestershire; and at as early an age as possible matriculated at the University of London, and entered University College as a student in the Department of Arts, with the intention afterwards of proceeding in Medicine. As a boy he had been noted for his great abilities, and his steady energy of application, and at College these qualities soon bore their fruit. His career as an Arts student was distinguished, and we have reason to believe that his classical acquirements, in particular, attracted the attention of one of the Professors of University College, who offered to recommend him to a lucrative post as private tutor in a great family. But Hillier's mind was entirely set on a medical career, and he entered with great enthusiasm, after taking his B.A. degree (with high honours in Animal Physiology), upon the regular medical curriculum. At the first M.B. examination he came out in a very distinguished manner, taking the scholarship and gold medal in Physiology, the second place in Botany, and the third place both in Chemistry and Materia Medica; and his second M.B. examination, three years later, was a repetition of the same kind of triumphs, besides which numerous College prizes fell to him. What was better even than his successes in examinations was his earnest and thorough attention to clinical study; and by the time he took his M.D. degree, in 1855, he was thoroughly equipped as an accomplished physician. He obtained one of the earliest appointments as Medical Officer of Health, when those offices were established in London; he filled that appointment in the parish of St. Pancras to the day of his death, and the thorough and conscientious way in which he performed the work thus given him to do afforded an example which it would have been well for the public if every metropolitan medical officer of health had followed. Besides labouring earnestly at general and at sanitary medicine, Dr. Hillier gave particular attention to skin diseases; and the manual which he had published on this subject deservedly obtained him much credit, and the appointment as physician to the skin department at University College Hospital. He also devoted much study to the diseases of children, and filled for many years the office of assistant-physician, and subsequently physician, to the hospital in Great Ormond-street. It was only last spring that he published a very excellent clinical treatise on Children's Diseases, which is a real advance on anything which had been done in this country, and would certainly have ultimately brought him much credit and practice.

The unceasing work and anxiety of a London physician's life had in the meantime told disastrously upon Dr. Hillier's health. Scarcely had he completed and published his last-mentioned work, when symptoms of lung mischief, which had for some time been smouldering, declared themselves with unmistakable clearness, and the state of his health appeared so serious that Sir W. Jenner and other medical friends advised him to take a lengthened holiday, including a protracted sea voyage. With much reluctance he consented to this plan, and made all his arrangements, even to securing his passage in a vessel bound for the Cape of Good Hope. It was within a few days of the time for sailing that his younger and only brother, to whom he was deeply attached, paid him a farewell visit in London. Within half an hour of leaving the house, the younger Mr. Hillier was thrown from his carriage in the park, and sustained fatal injuries; he was brought home to Dr. Hillier's residence, and died within three days. The effect upon Dr. Hillier, already much depressed by the melancholy condition of his own health, was terrible. His nervous system received a shock which it could not support; he was taken alarmingly ill, and in spite of everything that the care and skill of his medical friends could do, he sank rapidly, and died on Saturday, the 7th inst., within a fortnight of his brother's death. Their aged father is thus deprived, almost at one stroke, of his only two sons.

No words of ours could make this story more sadly touching than it reads in the bare recital of these facts. But it is the duty of one who knew him well, as the present writer did, to say some few words which may place on record the high and noble qualities which Dr. Hillier possessed. He was most manly and upright, with a true dignity and self-respect which at every period of his life kept him singularly free from coarseness of every kind, and from those faults which are so often treated as venial in the young. Quick-tempered by nature, he had so disciplined his mind and heart that no child could be humbler, and no woman could be more tender. His poor patients loved him, and are now mourning him bitterly. Those in a higher rank of life who had once consulted him, almost invariably became not only appreciative patients, but fast friends to him. And in the world of science, where from his retiring disposition he was less known than he would shortly have been had he lived, those few who had opportunities of watching the manner in which he habitually worked, know that he possessed those rare qualities—the scientific insight, and the scientific absolute devotion to truth for its own sake. The distinguished honour of the Fellowship of University College, London, which was bestowed upon him, indicates the rank which he occupied in the estimation of those who knew most about him, his old teachers and colleagues. But, after all, there are features, in that recollection of his character which his intimate friends will retain, that will be far more vividly recalled by them than his abilities, great as those were. Those who had penetrated through a certain outward reserve and shyness which disguised him, knew that behind this exterior there lay a nature capable of the most devoted friendship, and the most self-sacrificing generosity. To such persons his terribly sudden death is not the mere untimely loss of a clever and a good man; it is a loss which simply cannot be repaired. To his widow, to his two young children, and to his father, thus suddenly bereaved in his old age, we are certain that all who read this memoir will offer their silent but heartfelt sympathy.

THE obituary of last week's *United Service Gazette* includes three veteran army medical officers—Inspector-General Archibald Stewart, who entered the service in 1836, went through the Sikh war, the Persian expedition in 1857, served with the Central India Field Force in 1858, and afterwards as Surgeon of the Gwalior Division, retired on half pay in 1863, and died at Edinburgh on the 24th ult.; Deputy Inspector-General William Lucas, who entered the service in 1825, retired on half pay in 1858, and died at Chelsea Hospital (where he was principal medical officer) on the 3rd instant; Deputy Inspector-General Melville Neale, M.D., who entered the service in 1835, retired on half pay in 1862, and died at Bath on the 1st instant.

MEDICAL APPOINTMENTS.

BAKER, Mr. S. J., has been appointed Certifying Factory Surgeon for Abingdon and District.

BARNISH, W. C., M.R.C.S., L.S.A., has been elected House-Surgeon to the Cheshire-upon-Medlock Dispensary, Cavendish-street, Manchester.

BLACK, Mr. J. G., has been appointed Visiting Assistant to the Newcastle-upon-Tyne Dispensary.

BLACKMORE, H. P., M.D., has been appointed Medical Officer for the United Parishes of Salisbury, vice W. G. Williams, M.R.C.S.E., deceased.

CARTER, A. K., House-Surgeon of Toxteth-park Workhouse, has been appointed Medical Officer for the No. 1 District, Toxteth-park, Liverpool.

CARTER, Mr. R. B., F.R.C.S., has been appointed Consulting Surgeon to the Gloucestershire Eye Institution, Gloucester, on resigning as Surgeon.

CONSTABLE, Dr. J., has been appointed a District Surgeon to Visit Out-patients in the Southwark District of the Royal South London Dispensary.

CURNOW, Mr. J., has been appointed House-Physician to King's College Hospital.

DRAKE, Dr., has been appointed a Justice of the Peace for the City of Exeter.

EDMUNDS, J., M.D., has been elected a Physician to the British Lying-in Hospital, Endell-street.

FOSTER B. W., M.D., has been appointed a Physician to the General Hospital, Birmingham, vice G. F. Evans, M.D., resigned.

GOODALL, W. P., M.R.C.S.E., has been appointed a Surgeon to the General Hospital, Birmingham, vice D. W. Crompton, F.R.C.S.E., resigned.

GRANGER, H. H., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Skipton-in-Craven, Yorkshire, vice Wm. Marsden, M.R.C.S.E., deceased.

HARRISON, Mr. H. F. E., has been appointed Apothecary to the Male Lock Hospital, Dean-street, Soho-square, vice Vickers, resigned.

JOHNSTON, G., M.D., has been appointed Master of the Rotunda Lying-in Hospital, Dublin, vice J. Denham, M.D., whose tenure of office had expired.

JOHNSTON, Mr. J., jun., has been appointed Medical Officer to the Dromahair Dispensary District of the Manorhamilton Union, Co. Leitrim, vice H. Thompson, M.R.C.S.E., resigned.

KEDDELL, W. F., M.R.C.S.E., Assistant-Surgeon to the Gloucestershire Eye Institution, Gloucester, has been appointed Surgeon, vice Carter, resigned.

KENNY, J. H., L.R.C.P.Ed., has been appointed a Resident Surgeon to the General Dispensary, Birmingham, vice P. F. J. Kenny, L.R.C.P.Ed., deceased.

LEVERTON, E. J., M.R.C.S.E., has been appointed Visiting Surgeon to the Royal Cornwall Infirmary, Truro, vice Slyman Michell, F.R.C.S.E., deceased.

LEY, R., M.R.C.S., &c., has been elected Mayor and Chief Magistrate of the Borough of South Molton.

MELNADO, A. C. B., M.R.C.S.E., has been appointed Assistant-Surgeon to the Tredegar Iron Works, Monmouthshire, vice Saundrell, resigned.

ROBERTS, W. L., M.R.C.S.E., of King's College Hospital, has been appointed Assistant House-Surgeon to the Infirmary, Stockport, Cheshire, vice Cookson, whose appointment has expired.

ROBERTSON, H. A. P., M.D., of Bristol, has been authorised by the Privy Council to issue Certificates of Proficiency in Vaccination.

SHARP, R., M.D., has been appointed Assistant-Surgeon to the Glasgow Royal Infirmary Dispensary.

SNOW, H. L., M.R.C.S.E., has been appointed a Resident Surgeon to the General Dispensary, Birmingham, vice G. Moore, L.R.C.P.Ed., resigned.

SYMMONS, Mr. R. F., has been elected Surgeon to the Essex and Colchester Hospital, vice Waylen, appointed Consulting Surgeon.

TAPLIN, R. D., L.R.C.P.Ed., has been appointed Medical Officer for the Kirkcambeld No. 1 District of the Penrith Union, Cumberland, vice A. Heslop, M.R.C.S.E., resigned.

WALKER, A., M.D., Assistant-Physician to the East London Hospital for Children, has been appointed Physician to the Islington Dispensary, vice H. Osborne, M.D., resigned.

WATSON, R., M.D., has been appointed a reserve Surgeon to the Royal Infirmary, Glasgow.

WATSON, W. C., L.R.C.P., M.R.C.S.E., has been appointed Honorary Surgeon to the Chester General Infirmary.

WILSON, J., M.D., has been appointed Certifying Factory Surgeon for the District of Rawtenstall, Lancashire, vice C. C. Taylor, M.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

BUTLER.—On the 11th inst., at Ormonde House, Guildford, the wife of T. M. Butler, M.R.C.S.E., of a son.

DE CHAUMONT.—On the 9th inst., at Oakland, Woolston, the wife of F. S. B. De Chaumont, M.D., Staff Surgeon Army, of a daughter.

ELLIOTT.—On the 9th inst., at Hull, the wife of G. F. Elliott, M.D., of a daughter.

FENNINGS.—On the 2nd inst., at Clarendon-road, Notting-hill, the wife of Allen Fennings, Esq., of a son.

GARMAN.—On the 9th inst., at Kent House, Bow-road, the wife of H. V. Garman, M.R.C.S.E., &c., of a daughter.

HAYWARD.—On the 7th inst., at Harley-street, the wife of H. H. Hayward, M.R.C.S.E., of a daughter.

HEWAN.—On the 1st inst., at Minera-street, Eaton-square, the wife of A. Hewan, M.D., of a daughter.

MOLYNEUX.—On the 7th inst., at Upholland, Wigan, the wife of Dr. Molyneux, of a son.

PALK.—On the 2nd inst., at Sussex-place, Southampton, the wife of Henry Palk, M.D., of a son.

MARRIAGES.

BOTT—HARPER.—On the 3rd inst., at St. Philip and St. James, Oxford, Chas. Glen Bott, M.R.C.S., &c., of Aveley, Essex, to Kate Cecilia, second daughter of Henry Smith Harper, Esq., of Park-crescent, Oxford.—No Cards.

PEACOCK—GARDNER.—On the 5th inst., at Norbalerton, James Bailey Peacock, M.R.C.S.E., to Isabella Jane, daughter of the late Captain George Gardner.

ROBINSON—GOODMAN.—On the 28th ult., at Rathmolyon Church, Co. Meath, Ireland, Rawdon Briggs Robinson, L.R.C.P. & S. Edin., to Kezia Barbara, second daughter of the late Walter Goodman, Esq., of Dublin.

DEATHS.

BOWEN.—On the 29th ult., F. N. B. Bowen, M.D., of Upper Berkeley-street, aged 46.

GILSON.—On the 29th ult., at Chelsea, Thos. Gilson, L.S.A.L., formerly of Uppingham, Rutlandshire, aged 59.

GIRLING.—On the 26th ult., G. L. Girling, M.R.C.S.E., of St. Ives, Hunts, aged 73.

HARDY.—On the 29th ult., S. L. Hardy, M.D., of Merrion-square North, Dublin, aged 53.

ISTANCE.—On the 10th inst., at Rhos, Monmouthshire (of whooping-cough), Henry Bertram, son of R. Istance, M.R.C.S.E., aged 5 months.

LUCAS.—On the 3rd inst., at Chelsea, Wm. Lucas, M.R.C.S.E., Chief Medical Officer of the Royal Hospital, Chelsea, Deputy Inspector-General of Hospitals Army (late of the Ceylon Rifle Regiment and 94th Foot), aged 63.

NEALE.—On the 1st inst., at Bath, M. Neale, M.D., Deputy Inspector-General of Hospitals, late of the 18th Hussars and the Military College, Sandhurst.

SKAIFE.—On the 8th inst., at Easingwold, Yorks, B. T. Skaife, M.R.C.S., L.S.A., aged 70.

SWAINE.—On the 1st inst., W. E. Swaine, M.D., of St. Leonard's, York, late Physician to the York Dispensary, aged 64.

Medical Diary of the Week.

Monday, Nov. 16.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Spencer Watson, "On a Case of Injury to the Knee-Joint;" also a specimen of Comminuted Bones from a Gunshot Wound.—Dr. Leonard Sedgwick will exhibit an improved Uterine Speculum.—Mr. Alfred Cooper, "On a Case of Carcinoma."—A Ventilating Urn for the Sick-room and for the Diffusion of Vapour or Warm Air, invented by Mr. Jones, of Aylesbury, will be shown.—Mr. Thos. Hunt, "On Phases of Physic in the Present Century."

Tuesday, Nov. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Adjourned Discussion on "Anthropometrics."—Dr. Charnock and Mr. Wake: "Language as a Test of Race."—Mr. Hodder Westropp: "Origin of Language."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Nov. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Nov. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. J. Spence Bankhill, "On the Treatment of Rheumatic Gout by the Internal Administration of Olive Oil."

Friday, Nov. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

DR. BROWN-SÉQUARD'S LECTURES

ON THE

PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM;

AND ON THE

TREATMENT OF ORGANIC NERVOUS AFFECTIONS.

The second part of the Lecture on "SPINAL HEMIPLEGIA" will appear in THE LANCET of Saturday next, Nov. 21st.

To Correspondents.

THE CURABILITY OF LEPROSY.

No little excitement is being caused in both India and Venezuela at the present time by the asserted discovery by Dr. Bhau Daji on the one part, and Dr. Beauperthuy on the other, of a veritable cure of the most loathsome of all diseases—leprosy. A certain Indian paper, the *Dnyanodaya*, contains a long letter from the Rev. Vishna Bashkar Kurmurkur, detailing his own cure under Dr. Bhau Daji's treatment, and specifying a number of cases of cure known to him personally. The *Indian Prakash* says: "We have personally seen, examined, and conversed with several of the patients, and have no doubt in our mind that Dr. Bhau Daji has at last succeeded in achieving a triumph in the healing art, unknown to the world up to the present time." Dr. Bakewell, of Trinidad, in a communication which he has sent us, details a visit which he paid to Cumana, in Venezuela, in order personally to examine the reputed cures by Dr. Beauperthuy. He found that five cases had been actually cured, all of the tubercular form. Ten more were under treatment; of these, two were cured during his stay in Cumana. Several others were progressing towards recovery. These statements are all very plausible in their way, and look well on paper, but lack the only element which can entitle them to any credence at our hands—the exact description of the remedies employed. The plans of both Dr. Bhau Daji and Dr. Beauperthuy bear the stamp of secrecy, and are therefore fairly open to rejection. Dr. Bakewell is not at present in a position to state the nature of Dr. Beauperthuy's treatment. The latter gentleman says he "wishes it to be kept secret until he has perfected it, and because he wishes to receive a recompence for the labours of thirty years, which have been crowned at length with success." This much is permitted to be known, that an internal medicine is exhibited, and an external application, which tends to set up a revulsive action in the tubercular formations, is used. The discoverer of such a real boon to humanity as that of a curative agent in regard to leprosy need have little fear that he will fail to reap the full reward to which he would be entitled; but he certainly puts himself in an utterly false position, he forgets the duties of common humanity, if he throws a mystery over his discovery for filthy lucre's sake. For our part we are very sceptical on the subject. There can be no question that by the enforcement of a better hygiene, the use of wholesome food, the removal from malarial districts, and the use of tonics, something may be done towards the arrest of leprosy, especially in its earliest stages. When fully developed, the disease has hitherto baffled all the skill imparted by medical science. Every facility would be given in England, and even in India, to test the vaunted virtues of the new-found panacea, and whatever good qualities they might possess would readily be acknowledged. It is the duty of Drs. Bhau Daji and Beauperthuy to put the matter upon a legitimate footing by banishing every particle of secrecy.

Mr. H. T. Edwards, (Brompton.)—By passing an examination, the degree of M.D. may be obtained, in the Universities of Erlangen, Giessen, Göttingen, and others, without residence. Every information can be obtained by addressing a letter to the Dean of the respective faculties. Such information is always promptly and courteously given. The degree of M.D. cannot be obtained in any German University *without examination*.

Mr. E. Buck.—Short accounts of the cases shall, if forwarded, be inserted as soon as possible.

THE COBRA POISON.

In an interesting pamphlet on the Cobra Poison, Dr. Francis has called attention to the dislike which cobras and other venomous snakes have to creasote, and he suggests that it or carbolic acid should be freely used in homesteads and in the neighbourhood of cattle-stalls or sheds, to keep the reptiles away, seeing that there is good reason to think that the milk of animals bitten by cobras may convey the poison to those individuals who make use of it.

Dr. Garrett.—1. The book has not been received.—2. Next week.—3. The last part of Dr. Sibson's "Medical Anatomy" is now, we believe, in the printer's hands, and will be published at the beginning of the new year.

Inquirer.—The pay varies with the length of service. It rises quinquennially, commencing at ten shillings per diem.

Dr. Wallace's letter did not arrive until we had gone to press.

ROYAL HANTS COUNTY HOSPITAL.

We had an opportunity not many days ago of paying a visit to the new hospital at Winchester, and making a minute inspection from top to bottom with very great satisfaction. The Annual Report of the hospital for the year ending June 30th has just reached us, and we regret that only a meagre account is given therein of the construction, arrangement of wards and offices, and the cost of the new building, as such details would have been read with interest. The illness of the late Chairman of the Building Committee has prevented the incorporation in the report of the particulars, the omission of which we regret. The site of the hospital is admirable; it is placed on a commanding eminence, whence a view of the Isle of Wight may be obtained in fine weather. The patients were transferred to it on the 8th of August last from the old building in the town. The wards are very lofty; the floors are of oak. Each patient is allowed 1500 cubic feet of space. At the end of each ward there is a large balcony, in which the convalescents can enjoy the pure air, and even take exercise. Each ward has a bed-room for the nurse, with a window, whence a view of the ward can be obtained. The wards are flanked by towers, in which are lavatories, baths, and closets, so arranged—and we can personally vouch for the fact—that while they communicate with the wards by a short passage, they are sufficiently detached. The general staircase running up the centre of the building is contained in a separate tower, and communicates by swinging glass-doors with each floor. Its ascent is easy, and there are several lifts. The surgical necessaries are admirably arranged; the operating theatre is well-fitted, roomy, and with plenty of light. The nursing is under the superintendence of a most kind and able lady, Miss Freeman, who received her training at St. Thomas's Hospital. A certain number of probationers are affixed to the staff of nurses. The hospital, as a whole, is in such nice order, and—as it appeared at the time of our visit—so well conducted, as to be worthy of inspection by those who are interested in the erection of new or the improvement of old hospitals.

ARMY MEDICAL SERVICE.

We make the following extracts from some of the letters comprising the very voluminous correspondence with which we have been favoured:—

A Grey-headed Army Surgeon asks why it is that the medical service of the State, whether relating to the military, the naval, or the Poor-law departments, creates such an amount of discontent in those connected with it, unless the members of the profession attached to such departments are treated with a want of consideration from which other branches of State service are exempt. He thinks that petty jealousies are too strong and class interests too powerful to be overcome without a persistent mouthpiece in the House of Commons. He concludes by enumerating six subjects requiring redress.

Another Surgeon writes:—"Dr. Gordon's views and opinions will, I am sure, be endorsed by all officers, be they medical or otherwise, who have the good of the service really at heart."

A Regimental Surgeon writes:—"As to the amalgamation of medical officers into one corps, Heaven forbid! Medical officers are all labourers in the same field, and I should be sorry to see one exercising command over another, as might be the case were we a regiment of doctors. I believe that any attempt to remove surgeons and assistant-surgeons from their regiments, which are their homes, would be received by the majority of the department with the most unmitigated disgust. All experience has gone to show that a strict regiment is the best school for a young surgeon. Here he performs his duty in reality, learns the value of discipline, and acquires habits of respect for his seniors by example. Regimental medical officers are, and have ever been, the 'back-bone' of the department; and once the regimental system is abolished, medical officers will become mere 'civilian hangers-on' to an army, a respectable sort of 'camp-followers;' and if we are to become such, we have a right to expect that our duties and risks shall be regulated accordingly."

Twelve Years' Service generally concurs with what has been advanced; but, like the last, thinks the medical officers should be strictly regimental officers.

A Medical Officer of Fifteen Years' Service highly approves of all Dr. Gordon has advanced in his letter. He is opposed to the amalgamation of medical officers into a corps, which would not, in his opinion, be attended by benefit to the service, nor would it be an inducement for medical men to enter it.

> "Medical officers temporarily attached to regiments would not take the same interest in the regiment generally, and there are many medical officers who would not be in the service if they did not consider themselves part and parcel of their regiment, in which their entire interest is centred, and where they are valued and respected by the officers, men, and families, who look upon them as 'our own doctor.' This is much felt on active or foreign service, when the medical officer is often called upon to act as a friend as well as a doctor. The medical officers risk their lives on service just as much as combatant officers. Take, for instance, the trenches before Sebastopol, the different stormings of that fortress, the marches during the late campaign in India, and the active operations in New Zealand. Where were the medical officers? They were taking their tour of duty in the trenches, and accompanying their regiments to the walls of forts, relieving the wounded, and, in many instances, rescuing their comrades, the proof of which is the number of casualties among them, and the distinctions they earned by their valour."

Our correspondent concludes his communication by some remarks on the improvement of the dress of the medical officer. There are some things in which all are agreed—namely, the abolition of all posts held by combatant officers in army hospitals; the subordination of purveyors, nurses, &c., to the medical element, or the transfer to the Commissariat of the duty of issuing supplies for hospitals, as is the case in India; and the alteration of the uniform, the wearing of a sword, however, being continued. Nearly all think that the present system by which rewards and promotion are conferred for special services requires revision.

MEDICAL EDUCATION IN INDIA.

THE number of the *Indian Medical Gazette* for the month of October last contains two or three interesting articles. The extension of medical education amongst the natives is referred to in connexion with the medical school at Nagpore, established a year ago under the principalship of Dr. Townsend. About thirty-eight students are at present under tuition, and complaint is made that whilst the Government provides liberal salaries for the Principal and the native teachers, it makes a meagre allowance for contingent expenses and the stipends of pupils. Funds at present are obtained from the municipal fund of the districts, and hitherto they have been sufficient; but municipalities, we are told, "are afflicted early in life with a tightness in the chest, and have a constitutional tendency towards bankruptcy." Our contemporary declares that in order to place the schools on a firm basis, medical education must be made, not a local, but an imperial consideration. There is some probability that this may be done. A suitable hospital, and one so constructed as to attract patients, is urgently needed. Special attention is drawn to several cases of difficult labour recorded by the civil surgeon of Aymer, Dr. Murray, which prove that parturition amongst the natives is not, in the ordinary course of events, difficult and dangerous; it is frequently made so by the practice of the *dases* or midwives. Dr. Murray says that he has found flooding, retained placenta, and puerperal fever by no means uncommon, and he is informed that in villages and hamlets far away in the interior of the country women often die undelivered. The good results of the present attempt which is being made to educate not only the native doctors, but the midwives also, may therefore be very readily conceived. The civil surgeon at Umballah has managed to get together a class of native midwives, whom he is instructing in practical midwifery. Another point noticed by our contemporary is the paucity of medical men in the country generally.

An Anxious Student.—Whenever the subject of Materia Medica and Therapeutics forms part of the examinations, an acquaintance with the British Pharmacopœia is of course required. The practice in regard to Latin translations varies, and our correspondent has only to apply to the Secretary or Registrar of any given licensing body to obtain what he requires. We cannot give any general answer.

J. K. L.—No action can be maintained against either the English or Irish Poor-law Board for any supposed injustice of which they or any of their subordinates may have been guilty. The Boards have conferred upon them the absolute power of dismissing any medical officer, and they are responsible only to Parliament for its improper exercise. We would advise our correspondent to lay his grievances before the member for his county.

Veritas.—The symptoms in question are by no means common to all young men. Our correspondent should put his young friend under medical surveillance.

Q. E. D.—There was no enclosure in our correspondent's letter.

COMMODORE RANDOLPH AND STAFF-SURGEON STIRLING, M.D.

To the Editor of THE LANCET.

SIR,—The *United Service Gazette* of the 31st of October has the following: "A correspondent writes, deprecating the opinion we have expressed on the Stirling case, and speaking most highly of the Commodore, from whom Dr. Stirling met with the treatment we have described. We have heard others speak highly of Commodore Randolph, and had we permission we would publish the letter which is now before us, as our maxim is to give fair play to both parties. Whatever may have been the general tenor of the gallant Commodore to those who come in contact with him, the evidence in the Stirling case will not permit us to think otherwise than that he has acted harshly and beyond his lawful powers in the case referred to."

There is an old maxim of jurisprudence, that an assertion is no proof. Commodore Randolph's friend had better commit himself to the following course of action: that as no tangible neglect of duty can be brought against Dr. Stirling, to insist on Commodore Randolph justifying his summary removal of Dr. Stirling from the Cape Hospital. This case before the medical profession must fully foreshadows the treatment to be expected in the navy, and candidates do not care to enter.

Yours truly,
November, 1868. ANTI-BASHAW.

OUR esteemed correspondent, *Mr. Thomas Litchfield*, of Twickenham, forwards to us a drawing of a "*jugum penis*" (price two guineas) which a patient of his had been ordered to wear by a "spermatorrhœa quack." This is one of the favourite instruments of torture and extortion used by persons of that class, and it is to be regretted that the dangerous instrument has received a certain amount of sanction from one or two respectable practitioners of late.

A ROYAL REGISTRATION.

IT is perhaps not generally known that when a Royal infant is born in England, its name, like that of the most plebeian of subjects, is inscribed on the national birth-rolls in the custody of the Registrar-General. But, as a mark of distinction, the Registrar-General himself attends, and witnesses the act of record as it is performed by his subordinates, the registering officers of the district in which the birth occurs; and this ceremony we learn was duly gone through at Marlborough House on Thursday week as respects the youngest born of the Prince of Wales.

X. Y. Z.—If our correspondent will send us the initials of the name of the individual to whom reference is made, we will then, if possible, supply the required information.

A Subscriber to the Epsom College will find in our present number a letter on the subject to which he refers.

Dr. Beaumont.—It would scarcely serve any useful purpose to insert the particulars in our columns.

HEALTH AND WATER-SUPPLY OF STAMFORD.

DR. NEWMAN, of Stamford (Lincolnshire), deserves the thanks of his townsfolk for calling the attention of the local Improvement Commissioners to the prevalence of fever, and its relation to the impurity of the well-water so largely used in the town. A special meeting of the Commissioners was held last week to discuss the matter, and from what was then stated there is evident need of speedy and effective measures for the removal of causes which endanger in an increasing ratio the health and lives of the inhabitants. Of one well in a locality where there were several cases of fever, Dr. Newman said that it was not more than twenty feet from the churchyard, and every available drop of moisture from thence found its way into the well. Cesspools emptying into the soil, and so percolating into the wells, appear to be common; and as an instance of the perverse folly which is often permitted to work what mischief it pleases in sanitary matters, it was stated that the owners of some property had been called upon to make a proper drain to carry off the sewage, but when permission was asked to convey it into a drain belonging to the authorities, a refusal was received, and a cesspool imperatively ordered to be sunk—although the inhabitants complained that the cesspool would pollute their well. There seems to be a question whether the water-supply now given to some parts of the town is capable of adequate extension so as to warrant the adoption of the water-closet system with proper sewerage; and therefore Dr. Newman's advice is that the system of earth-closets should be tried. The decision of the Commissioners was to communicate to Lord Exeter (of whom it was stated that "he is the public company to supply water to the town") the state of the town, and to ask him for a better supply of water. What a commentary does all this afford on our permissive sanitary legislation!

Dr. George J. Fraser.—The Pharmacy Act will not, it is thought, affect the rights of any qualified practitioner in Scotland who does not keep open shop. The provisions interfering with vested interests will probably not be enforced.

THE LATE EPIDEMIC OF FEVER AT BOOTLE.

THE important communication of *Dr. Baylis*, the medical officer of health of Birkenhead, on this subject shall be inserted next week.

Mr. C. E. Jones.—If our correspondent will apply to the Secretary or Registrar of the licensing bodies named, he will obtain a printed form giving full particulars.

Inquirens.—Yes, a medical student may put himself under a practising physician or surgeon for purposes of observation before he has passed the preliminary examination.

P. P. P.—1. Dr. Hassall, Dr. Frankland, Mr. Heaton, Dr. Odling, Prof. Redwood.—2. It is the rule in such cases for the medical man to take the fee.

ETHEREAL SOLUTION OF NITRATE OF SILVER.

To the Editor of THE LANCET.

SIR,—Under the heading, "Convenient Vehicle for the Application of the Nitrate of Silver," the *Practitioner* (September, 1868) announces as something new the use at University College Hospital of nitrate of silver dissolved in nitrous ether.

The surgeons at the Sheffield General Infirmary have been in the habit of using a solution of that nature for nearly, if not more than, twenty years.

Yours truly,
Sheffield, November 7th, 1868. ARTHUR JACKSON.

A Correspondent, (Montrose.)—The attempt to influence our decision is made in a manner which we cannot commend. We object to anything that has the appearance of a "stab in the dark."

Vox Dei.—1. Yes.—2. No.—3 and 4. Consult any registered medical practitioner. Sedulously avoid all advertising quacks.

TREATMENT OF THE APPARENTLY DROWNED.

WE have received a long communication from *M. Labordette*, of Lisieux, France, complaining that his views have been misrepresented by Mr. Taylor, and that he does not believe that water enters the lungs of the drowned. He is anxious also to state in our journal that he has proved, by experiments, that spasmodic closure of the jaws is *not* a certain sign of death in people who have been submerged a short time; but that in such persons animation may be restored.

COMPULSORY REGISTRATION.

Lex.—Clause 20 of the Registration Act (6 & 7 Wm. IV., cap. 86) refers to the registration of births in these terms:—

"And be it enacted, that the father or mother of every child born in England after the said first day of March, or in case of the death, illness, absence, or inability of the father and mother, the occupier of the house or tenement in which such child shall have been born, shall, within forty-two days next after the day of every such birth, give information, *upon being requested so to do*, to the said registrar, according to the best of his or her knowledge and belief of the several particulars hereby required to be known and registered touching the birth of such child."

Registration of births is therefore only compulsory in England when the registrar has ascertained the fact of birth, and applies for the necessary particulars for record, and the refusal to give these *when asked for* is a misdemeanour punishable by law.

A. L. has forwarded us a communication in answer to the "query" which appeared last week concerning the treatment of anchylosis of the wrist-joint, &c.; but the caligraphy is so bad that we are unable to decipher any portion of it. An intelligible copy shall receive attention.

THE letter of our Paris correspondent, containing an account, amongst other things, of the last sitting of the Society of Surgery of Paris, is unavoidably postponed.

BRISTOL: A HEALTHY CITY.

THE *Bristol Daily Post*, commenting on the mortality statistics of the large towns during the past summer, dwells with satisfaction on the creditable position which Bristol occupies as the healthiest of them all, and points out that the costly sanitary works which the authorities of the city have carried out during the last twenty years are now returning far more than their money value in the great saving of health and life. We rejoice to find that the good citizens of Bristol have so much reason to be gratified with the results of their wise outlay for sanitary purposes, and also with the confidence they repose in their medical officer of health—a confidence which Dr. Davies has justified in every respect. It must be a source of immense satisfaction to them that the statistics warrant them in believing the lowest stratum of their population to be in a better state for resisting disease than that of the majority of towns. Of course we may assume that the success attained will incite the Bristol authorities to pursue yet further the career of sanitary progress which they have thus far found so advantageous.

PROFESSIONAL ETIQUETTE.

WE have received another letter from *Dr. Steele*, of Montrose; but as that gentleman has already replied to Dr. Johnston in THE LANCET, we cannot give insertion to his letter, and the controversy must cease here. AS we have been asked to express an opinion, we do so to the effect that a patient has a right to call in a second practitioner whenever he chooses; that a practitioner on being so called in, and finding another medical man in attendance, is bound to demand a consultation with the first attendant; but that if this is refused by the patient, or is impossible on account of previous misunderstanding between the parties, the patient must select which of the two medical attendants he would wish to continue. It would, of course, be absurd for two medical men to be treating the same patient at one time without being in concert.

LICENTIATE *versus* M.D.

Mr. H. Wilson, R.N.—Our correspondent's letter is too irrelevant for insertion. The question at issue is not to be settled by extracts from evidence given in 1847, or by extracts even from THE LANCET of 1829. The action of Colleges of Physicians of late years, and the recent important changes in the regulations for obtaining degrees, very materially alter the bearings of this subject. It is perfectly true that there are plenty of highly educated men without a degree; but we want laws for the rule, not for the exception. There should be some advantages held out to encourage men to take the highest qualifications.

Alpha.—The information can be obtained from the Tutors of any of the Colleges at Oxford.

THE SURGICAL USE OF CONDY'S FLUID.

To the Editor of THE LANCET.

SIR,—On the 15th of July, 1868, Thos. W——, aged twenty-one, employed as a porter at Barnetby Junction, whilst engaged in shunting, was knocked down, and the wheels of several waggons passed over his right leg immediately below the knee, tearing open the knee-joint, crushing the bones, and lacerating extensively the skin and soft parts. I at once amputated the thigh at the junction of the middle and lower third, the flaps being adapted to the exigencies of the injury, and the wound was afterwards dressed with a lotion of one part of Condy's red fluid to fifty of water. The progress of the case was such that six weeks after the operation the patient was able to walk to my house, a distance of half a mile, assisted, of course, by crutches and a friend. The stump is a good one, and he can bear any amount of pressure upon it.

In my own mind I am convinced that Condy's fluid was all-powerful. There was but little discharge, very little smell, and the dressings caused no pain.

Yours obediently,
W. ROBERT ROBERTS,
November, 1868. Dist. Med. Officer, M. and L. Rail. Sick Fund.

Dr. W. Kershaw.—We see no necessity for publishing the correspondence sent us by Dr. Kershaw. It may have been unreasonable in the patient to send for another doctor; but it was quite within his right, and Mr. Leach observed the necessary courtesies in taking the case, as Dr. Kershaw did in his note to Mr. Leach, asking explanations.

NURSING IN BIRMINGHAM.

AT the last meeting of the Governing Committee of the Queen's Hospital, Birmingham, an application was made by Dr. Fleming for permission to found a Nurses' Training School in connexion with the hospital, a number of probationers to be admitted to the wards, under such conditions as might be hereafter found necessary. The proposal was favourably received, and it was unanimously resolved:—

"That this Committee learn with much satisfaction that a training school and home for nurses is about to be established in the neighbourhood of this charity. They recognise fully the important advantages which may be derived from an improved system of nursing, and believing also that it is only in a public hospital that nursing can be efficiently taught, they will have much pleasure in affording every facility for the system of probationary nurses in the Queen's Hospital, and that the House Committee be requested to meet any Committee that may be formed to consider their plans and to report to this Board."

Mr. George Arnison, (Carlisle.)—The minimum fee for vaccination done at a station over one mile and under two, is half-a-crown, and not two shillings.

THE WINCANTON UNION.

WE have been asked to state, to prevent misconception, that the vacancy in the post of medical officer for Wincanton East district and workhouse, filled by the appointment of Mr. G. Cardell, was caused by the spontaneous resignation of Dr. J. J. Luce.

THE OPHTHALMIC HOSPITAL, MOORFIELDS.

IN announcing last week certain changes in the staff of the Moorfields Ophthalmic Hospital, we accidentally omitted to mention the fact that the Committee, in accepting Mr. Dixon's resignation of the Surgeoncy, conferred on him the honorary title of Consulting Surgeon.

Mr. Blackbourne.—The case shall be inserted as soon as the engraving is made.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Gamgee, Birmingham; Dr. Thudichum; Dr. Neild, Melbourne; Dr. Dickinson; Mr. Garman; Mr. Cecly; Dr. Baylis, Birkenhead; Dr. Wilson, Alton; Dr. Wildin, Southampton; Dr. Harper, Holbeach; Mr. Gilbert; Mr. Allen, Midnapore; Dr. Glaser; Mr. Bebe; Dr. M'Cormack; Dr Garrett, Hastings; Dr. Nicholls, Chelmsford; Mr. Swale; Mr. Bullock; Mr. Townley, Ambleside; Mr. Adamson, Glasgow; Mr. Wilkin; Mr. Robertson, Rochester; Dr. Maclean, Caistor; Dr. Robinson, Chesterfield; Dr. Murray; Dr. Corner; Mr. Millikin; Dr. Hewan; Dr. Barney; Mr. Green; Mr. Evans; Dr. Buck, Inkberrow; Mr. Morrell; Mr. Hughes; Mr. Harper; Mr. Reed, Ryhope; Mr. Keyworth; Mr. Stone, Gainsborough; Mr. Philson; Mr. S. J. Baker, Abingdon; Mr. Butler, Guildford; Mr. Fletcher, Broughton; Mr. Morris; Mr. Garrett, Commercial-road; Mr. R. Jones; Dr. Layler, Nottingham; Dr. Bland; Dr. Arnison, Carlisle; Dr. Rhind, Minfield; Dr. Harrison, Liverpool; Mr. Tuckett; Dr. Rogers; Mr. Rimell, Maryston; Dr. Cooper, Southsea; Mr. Shaw; Mr. Harris; Mr. Jackson, Sheffield; Mr. Monford; Dr. Lorimer; Mr. J. Collier; Mr. W. Hart; Mr. Jeffreys; Dr. Smart, Glasgow; Mr. Jacob; Mr. Millar; Mr. H. Serjeant; Mr. Howard; Mr. Phillips; Mr. J. Heape, Otley; Mr. Heeles; Mr. Lennox; Dr. Wallace, Greenock; Dr. Humble, Newcastle; Mr. Keane; Mr. Prince, Sawston; Dr. Kendrick, Fort William; Dr. Roberts, Liverpool; Dr. Nye; Mr. Stevens; Mr. Little; Mr. Clarke; Dr. Mackaye, Ardgay; Mr. Cheesewright; Mr. G. Chapman, Glasgow; Mr. Lumley, Sutton; Mr. Bowler; Mr. Cookson; Mr. Sharman; Mr. Haigh; Dr. Eaton; Dr. Fraser, Callender; Mr. Pollard; Dr. Burder, Bristol; Mr. Jones, Milford; Mr. W. H. Phelps; Mr. Mackie; Mr. Calvert; Dr. Molyneux, Upholland; Dr. H. Lawson; Dr. Steggall; Dr. Palk, Southampton; Mr. Carter, Liverpool; Dr. Denny; Dr. Woodward, Worcester; Mr. Summers; Mr. Vacher; Mr. Edwards; Dr. Gervis; Mr. Isaacs, Ross; Dr. Duckworth; Dr. Lowe, Lynn; Mr. Barnish, Chorlton; Mr. Williams; Mr. H. J. Lloyd, Eastbourne; Mr. Fairlie; Mr. Gibb; Mr. Kirk, Sheffield; Mr. Symmons, Colchester; Mr. Venables; Dr. Castle; Dr. Charteris, Glasgow; Dr. Day, Stafford; Dr. Watson, Chester; Mr. Keys; Anti-Bashaw; Anti-Tobacconist; A London Physician; S., Kidderminster; Humanitas; Liverpool Royal Infirmary School of Medicine; Enquirens; The Secretary of the Anthropological Society; P. P. P.; J. A. C.; A Constant Reader; LEX; AN ANXIOUS STUDENT; Veritas; &c. &c.

Indian Medical Gazette, Monthly Homœopathic Review, Surrey Advertiser, Northern Whig, Birmingham Daily Post, New York Medical Gazette, Sussex Advertiser, Irish Times, Aberdeen Journal, Lincolnshire Chronicle, Brighton Gazette, Parochial Critic, Hydropathic Record, Bucks Herald, Staffordshire Advertiser, Bristol Daily Post, Craven Weekly Pioneer, and *Scientific Opinion* have been received.

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